NO. OF COPIES RECRIVED						
DISTRIBUTION			DNSERVATION COMMISS	ION	Form C-104 Supersedes Old C-104 and C-110	
SANTA FE	R	EQUEST I	FOR ALLOWABLE		Effective 1-1-65	-104 ana C-110
U.S.G.S.		N TO TRA	NSPORT OIL AND NA	TURAL GA	S	
LAND OFFICE					RECEIV	ΈD
TRANSPORTER GAS					<b>19</b> 12 -	¥.
OPERATOR				•	NOV 1 0 1	155
A. Operator	<u></u>		and a second s			
Hugh L. John	nston, Sr.				ARTEELA	
225 Midl:	and Tower, Midland, T	exas				
Reason(s) for filing (Check prop New Well	er box) Change in Transporter	r of:	Other (Please ex		ignation and	
Recompletion	011	Dry Gas		-	- <b></b>	
Change in Ownership	Casinghead Gas	Conden	sato		•.	
If change of ownership give n	ame					
and address of previous owne						
II. DESCRIPTION OF WELL Lease Name	AND LEASE Well N	Ve. Poel Nar	ne, Including Formation		Kind of Lease	
Five-J	3	Artes	ia Grayburg <b>-Jac</b>	haan	State, Federal or Fee S	tate
Location	330 Feet From The SOU	ith	16 <b>50</b>	Feet From Th	East	
Unit Letter ;_	Feet From The JOU					_
Line of Section 25	, Township 17S	Range 28	BE, NMPM,	Eddy		County
III. DESIGNATION OF TRANS	PORTER OF OIL AND NAT	FURAL GA	s			· · · · · · · · · · · · · · · · · · ·
Name of Authorized Transporter	Name of Authorized Transporter of Oil			Address (Give damess to which approved copy of this form to the start,		
The Permian Corp Name of Authorized Transporter	of Casinghead Gas [ or Dry	Gas []	Box 4157, Midland, Texas Address (Give address to which approved copy of this form is to be scat)			be sent)
Phillips Petrole				Natural Gas Dept., Hobbs, N. M.		
If well produces oil or liquids,	Unit Sec. Twp.	¦ <sup>Rge</sup> . 7S' 28E	Is gas actually connected? VES	Is gas actually connected? When Ves May 25, 19		
give location of tenks.	ed with that from any other lea				<u> </u>	
If this production is comming IV. COMPLETION DATA			New Well   Workover	Deepen	Plug Back   Same Res'v	, Diff. Res'v,
Designate Type of Com	oil Well	Gas Well		Doopon I	· · · · · · · · · · · · · · · · · · ·	4
Date Spudded	Date Compl. Ready to Pro	, d.	Tetal Depth		P.B.T.D.	
	Name of Producing Forma	tion	Top Oil/Cas Pay		Tubing Depth	
Pool	Name of Producing Politica	11011	100 011 011 1			
Perforations					Depth Casing Shoe	
· · · · · · · · · · · · · · · · · · ·	THRING C	ASING ANI	CEMENTING RECORD			
HOLE SIZE	CASING & TUBIN		DEPTH SET		SACKS CEME	INT
			· · · · · · · · · · · · · · · · · · ·			
				<u> </u>	he soul so or ex	and top allow
V. TEST DATA AND REQUE	ST FOR ALLOWABLE (To ab	est must be a vie for this de	fter recovery of total volume with or be for full 24 hours)		· · · · ·	
Date First New Oil Run To Ta	ks Date of Test		Producing Method (Flow,	pump, gas lift	, etc.)	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
Length of Test	• • • • • • • •			· · · · · · · · · · · · · · · · · · ·		
Actual Prod. During Test	Oil-Bbls.		Water - Bbls.		Gas - MCF	
					<u>.</u>	
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test		Bbis. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr	.) Tubing Pressure		Casing Pressure		Choke Size	· · · · · · · · · · · · · · · · · · ·
				<u> </u>		
VI. CERTIFICATE OF COM	LIANCE		OIL CO	ONSERVA	TION COMMISSION	
the second s	es and regulations of the Oil C	onservation	APPROVED	<u> </u>	1965	19
	plied with and that the inform to the best of my knowledge			maly	cuq	
above is true and complete	te me were er mi mennege			<b>ദ്വ</b> ം കുടിവർ ്	- t	
$\mathcal{O}$				he filed in c		1104.
Edlatti E. Johnston			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
Steruture)			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
Secretary			All sections of this form must be filled out completely for allow-			
(Title) November 3 1965			able on now and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner well name or number, of transporter, or other such change of condition			
പ്രകാനം പ്രപ്പാനം കുറുകുന്നും കുറുകുന്നും പ്രതിന്ത് പോല് പ്രതിന്ത് പോല് പ്രതിന്ത് പോല് പ്രതിന്ത് പോല് പ്രതിന്ത്	Novembar 3, 1965 (Date)		wall have be duffiller.	of liansport	er, or other such change the plan for such to	6 D.F. Pretaresses

well name or number, or Separate Foras C - (fân - ) vi filed for each