| DISTRIBUTION  SANTA FE   |  |  | ION Form C-104<br>Supersedes Old C-104 and C-11                                      |
|--|--|--|--|
| FILE /   |  | FOR ALLOWABLE<br>AND<br>ANSPORT OIL AND NA               | TURAL GASE C FOR STORY   |
| IRANSPORTER OIL GAS  |  |  |  |
| OPERATOR /   |  |  | APR 21 17  |
| 1. PRORATION OFFICE Operator   |  |  | O. C. C.<br>ARTESIA, OFFICE  |
| Address  | Oil Company of Texas                                   | 19255  | i i  |
| P. O. Box 416 I<br>Reason(s) for filing (Check proper bo   |  | Other (Please ex   | plain)   |
| New Well Recompletion  | Change in Transporter of: Oil Dry Go                   | as [   |  |
| Change in Ownership  | Casinghead Gas Conde                                   |  |  |
| If change of ownership give name and address of previous owner   |  |  |  |
| II. DESCRIPTION OF WELL AND  | LEASE Well No. Pool Name, Including F                  | Grad.  | nd of Lease No.  |
| Keely A  | 6 Grayburg Jacks                                       | son S.A. Sto   | nte, Federal or Fee Fed IC-028784-a  |
|  | 30 Peet From The S Lit                                 | ne and660 !  | Feet From The W  |
| Line of Section 24 To  | ownship 17S Range                                      | 29E , NMPM,  | <b>Eddy</b> County   |
| III. DESIGNATION OF TRANSPOR   |  |  | hich approved copy of this form is to be sent)                                       |
| Navajo Refining Co.<br>Name of Authorized Transporter of Co.   | Pipeline Division asinghead Gas or Dry Gas             | N. Freeman Ave. Address (Give address to u               | Artesia New Maxico hich approved copy of this form is to be sent)                    |
| Phillips Petroleum Co  | )  | Phillips Bldg. Is gas actually connected?                | Odessa Texas   |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge.                                    | Yes  | /967<br>March 1, 1972  |
| If this production is commingled w IV. COMPLETION DATA   | ith that from any other lease or pool,                 |  |  |
| Designate Type of Complete   | ion - (X) Gas Well    Date Compl. Ready to Prod.       | New Well Workover  | Deepen Plug Back Same Res'v. Diff. Res'v.  |
| 1-7-72 Elevations (DF, RKB, RT, GR, etc.)  | 4-10-72 Name of Producing Formation                    | 3544 Top Oil/Gas Pay                                     | 3538 Tubing Depth  |
| 3595'  | Grayburg & San Andres                                  |  | 3485'  |
| Perforations 2328'-40, 2434-2837'-42', 2911'-16', 2  | -44', 2470'-76',2666'-267<br>2944',50', 3156'-61', 317 | 6',2814'-18',2827  | '-30'. Depth Casing Shoe   |
| HOLE SIZE  | CASING & TUBING SIZE                                   | DEPTH SET  | SACKS CEMENT   |
| 12-1/4"  | 8-5/8"   | 428!   | 50   |
| 7-7/8"<br>6-1/4"   | 7"<br>4-1/2" Liner                                     | 2732'<br>2720'-3544'                                     | 100  |
|  |  |  | of load oil and must be equal to or exceed top allow-                                |
| OIL WELL   | able for this de                                       | epth or be for full 24 hours)  Producing Method (Flow, p |  |
| Date First New Oil Run To Tanks 4-10-72  | 4-10-72  |  |  |
| Length of Test   | Tubing Pressure  | Casing Pressure  | Choke Size   |
| Actual Prod. During Test   | Oil-Bbls.  | Water - Bbls.  | Gas - MCF  |
| 250 Bbls.  | 100  | 150 Load   | 150  |
| GAS WELL   |  | Tall a language  | Gravity of Condensate  |
| Actual Prod. Test-MCF/D  | Length of Test   | Bbls. Condensate/MMCF                                    | Gravity of Condensate  |
| Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)                              | Casing Pressure (Shut-in                                 | Choke Size   |
| VI. CERTIFICATE OF COMPLIAN  | ICE  |  | NSERVATION COMMISSION  |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |  | For Record Only Cosset                                   |  |
|  |  | 35 5 6 6 6 3 16 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6      |  |
|  |  |  |  |
| W E Nath   |  | Tf this is a reques                                      | filed in compliance with RULE 1104.  t for allowable for a newly drilled or deepened |
| W. E. Walter (Signature)   |  | melt this form must be                                   | accompanied by a tabulation of the deviation<br>if in accordance with RULE 111.      |

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

(Date)

District Superintendent

April 18, 1972

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