ĺ	NO. OF COPIES RECEIVED	- ₹10				٠.	-				
	DISTRIBUTION										
	SANTA FE	NE		NSERVAT	SSION		Form C-104				
	FILE	REQUEST I			OR ALLO AND	DMARFF			Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	ALITUODIZ	311 AND N	ATUDAL							
	LAND OFFICE	AUTHORIZ	ATION TO	JIKAN	BPUKI	JIL AND N	ATURAL	"REC	EI	VED	
	TRANSPORTER GAS /					P					
	CPERATOR -					ı		OCT	5	1966	
,	PRORATION OFFICE										
•	Operator	· · · · · · · · · · · · · · · · · · ·						- 0	. C.	C.	
	Tenneco Oil Company 🗸							ARTE	SIA, D	FFICE	
	Address Box 1031 Midland, Tex	tas				· · · · · · · · · · · · · · · · · · ·					
1	Reason(s) for filing (Check proper box)			-	C	ther (Please	explain)		1		
	New Well	Change in Tra	nsporter of:			Change	locatro	e from	ke		
	Recompletion	Oil		Dry Gas		Change I	ease Nam	ie from	Sto	te 1	
1	Change in Ownership	Casinghead Go	ıs 🗌	Condens				/			
	If change of ownership give name and address of previous owner			<u></u>							
н.	Lease Name & - L West Coop.		Well No. P	ool Name	e, Including	Formation		Kind of Lea	8 0	B-EIII	
	Grayburg Jackson W. U.	₩. 1 110.	17	_	yburg J	_		1		<i>6-5/4</i> ● State	
	Location	110	1	OI W.	yourg o	ackoon		<u>, , , , , , , , , , , , , , , , , , , </u>		beace	
	Unit Letter A ;	330 Feet From Th	nort	h Line	and3	30	_ Feet From	The eas	st_		
	Line of Section 28 Tow	mship 17-S	Rang	ge ,	29-E	, NMPM,	F	Eddy		Count	
,						······································					
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil			AL GAS	Address (G	ive address to	which appro	ved copy of th	is form	is to be sent)	
	Texas New Mexico Pipeline Co.					.510 Mid			_		
	Name of Authorized Transporter of Casinghead Gas 😿 💮 or Dry Gas 🗍				Address (Give address to which approved copy of this form is to be sen					is to be sent)	
	Phillips Pet. Co.							.dg. Ode	ssa,	Texas	
	If well produces oil or liquids,	Unit Sec.	1 1	- 1		ally connecte	d? Wh		_		
	give location of tanks.	B 28	17S 2	9E	yes	3		3-190	0	- 	
	If this production is commingled wit	h that from any ot	her lease or	pool, gi	ive commi	ngling order	number:				
	Designate Type of Completio	n - (X)	ell Gas		New Well	Workover	Deepen	Plug Back	Same	Res'v. Diff. Re	
	Designate Type of Completio	n – (X)		Well 1	New Well	Workover	Deepen	1	Same	Res'v. Diff. Re	
		n - (X)		Well 1		Workover	Deepen	Plug Back	Same	Res'v. Diff. Re	
	Designate Type of Completio	n – (X)	y to Prod.	Well	New Well	Workover	Deepen	1	1	Res'v. Diff. Re	
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.)	n — (X) Date Compl. Ready	y to Prod.	Well	New Well Total Dept	Workover	Deepen	P.B.T.D. Tubing Dep	th		
IV.	Designate Type of Completio	n — (X) Date Compl. Ready	y to Prod.	Well	New Well Total Dept	Workover	Deepen	P.B.T.D.	th		
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.)	n — (X) Date Compl. Ready Name of Producing	y to Prod.	Well	New Well Total Dept	Workover		P.B.T.D. Tubing Dep	th		
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	n — (X) Date Compl. Ready Name of Producing	y to Prod. Formation	Well I	New Well Total Dept	Workover h as Pay .	D	P.B.T.D. Tubing Dep	th ng Shoe		
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.)	n — (X) Date Compl. Ready Name of Producing	y to Prod. Formation	Well I	New Well Total Dept	Workover	D	P.B.T.D. Tubing Dep	th ng Shoe		
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	n — (X) Date Compl. Ready Name of Producing	y to Prod. Formation	Well I	New Well Total Dept	Workover h as Pay .	D	P.B.T.D. Tubing Dep	th ng Shoe		
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	n — (X) Date Compl. Ready Name of Producing	y to Prod. Formation	Well	New Well Total Dept	Workover h as Pay .	D	P.B.T.D. Tubing Dep	th ng Shoe		
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	n — (X) Date Compl. Ready Name of Producing	y to Prod. Formation	Well	New Well Total Dept	Workover h as Pay .	D	P.B.T.D. Tubing Dep	th ng Shoe		
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FO	n — (X) Date Compl. Ready Name of Producing TUBI CASING & 7	r to Prod. Formation NG, CASING FUBING SIZ	G, AND	New Well Total Dept Top Oil/Go CEMENT!	Workover IS Pay ING RECOR DEPTH SE of total value full 24 hours	D T	P.B.T.D. Tubing Dep Depth Casir	th ag Shoe		
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE	n — (X) Date Compl. Ready Name of Producing TUBI CASING & 7	r to Prod. Formation NG, CASING FUBING SIZ	G, AND	New Well Total Dept Top Oil/Go CEMENT!	Workover h as Pay NG RECOR DEPTH SE	D T	P.B.T.D. Tubing Dep Depth Casir	th ag Shoe	CEMENT	
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL WELL	Name of Producing TUBI CASING & T	r to Prod. Formation NG, CASING FUBING SIZ	G, AND	New Well Total Dept Top Oil/Go CEMENT!	Workover IS Pay ING RECOR DEPTH SE of total value full 24 hours	D T	P.B.T.D. Tubing Dep Depth Casir	th ag Shoe	CEMENT	
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL WELL	Name of Producing TUBI CASING & T	r to Prod. Formation NG, CASING FUBING SIZ	G, AND	New Well Total Dept Top Oil/Go CEMENT!	Workover In Service S	D T	P.B.T.D. Tubing Dep Depth Casir	th ag Shoe	CEMENT	
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks	n - (X) Date Compl. Ready Name of Producing TUBI CASING & T	r to Prod. Formation NG, CASING FUBING SIZ	G, AND	Total Dept Top Oil/Go CEMENT! er recovery th or be for	Workover In Service S	D T	P.B.T.D. Tubing Dep Depth Casir Signature of the second	th ag Shoe	CEMENT	
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks	n - (X) Date Compl. Ready Name of Producing TUBI CASING & T	r to Prod. Formation NG, CASING FUBING SIZ	G, AND	Total Dept Top Oil/Go CEMENT! er recovery th or be for	Workover h IS Pay NG RECOR DEPTH SE of total volume full 24 hours Method (Flownessure	D T	P.B.T.D. Tubing Dep Depth Casir SA and must be e	th ag Shoe	CEMENT	
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL, WELL Date First New Oil Bun To Tanks Length of Test	Name of Producing TUBI CASING & T Date of Test Tubing Pressure	r to Prod. Formation NG, CASING FUBING SIZ	G, AND	Total Dept Top Oil/Go CEMENT! er recovery th or be for Producing	Workover h IS Pay NG RECOR DEPTH SE of total volume full 24 hours Method (Flownessure	D T	P.B.T.D. Tubing Dep Depth Casir Signature of the second	th ag Shoe	CEMENT	
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL, WELL Date First New Oil Bun To Tanks Length of Test	Name of Producing TUBI CASING & T Date of Test Tubing Pressure	r to Prod. Formation NG, CASING FUBING SIZ	G, AND	Total Dept Top Oil/Go CEMENT! er recovery th or be for Producing	Workover h IS Pay NG RECOR DEPTH SE of total volume full 24 hours Method (Flownessure	D T	P.B.T.D. Tubing Dep Depth Casir Signature of the second	th ag Shoe	CEMENT	
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL, WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Name of Producing TUBI CASING & T Date of Test Tubing Pressure Oil-Bbls.	r to Prod. Formation NG, CASING FUBING SIZ	G, AND	Total Dept Top Oil/Go CEMENT! er recovery th or be for Producing Casing Pro	Workover In Section 1 Sec	ne of load oil	P.B.T.D. Tubing Dep Depth Casir Signature of the second	th ag Shoe	CEMENT or exceed top a	
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL, WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Name of Producing TUBI CASING & T Date of Test Tubing Pressure	r to Prod. Formation NG, CASING FUBING SIZ	G, AND	Total Dept Top Oil/Go CEMENT! er recovery th or be for Producing Casing Pro	Workover h IS Pay NG RECOR DEPTH SE of total volume full 24 hours Method (Flownessure	ne of load oil	P.B.T.D. Tubing Dep Depth Casir Signature of the second	th ag Shoe	CEMENT or exceed top a	
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL, WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Date Compl. Ready Name of Producing TUBI CASING & T CASING & T Date of Test Tubing Pressure Oil-Bbls.	r to Prod. Formation NG, CASING FUBING SIZ	G, AND	Total Dept Top Oil/Go CEMENT! er recovery th or be for Producing Casing Pre Water - Bbl Bbls. Conc	Workover h IS Pay ING RECOR DEPTH SE of total volume full 24 hours Method (Flownessure)	ne of load oil	P.B.T.D. Tubing Dep Depth Casir SA and must be e ift, etc.) Choke Size Gas-MCF	th ag Shoe	CEMENT or exceed top a	
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL, WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Name of Producing TUBI CASING & T Date of Test Tubing Pressure Oil-Bbls.	r to Prod. Formation NG, CASING FUBING SIZ	G, AND	Total Dept Top Oil/Go CEMENT! er recovery th or be for Producing Casing Pro	Workover h IS Pay ING RECOR DEPTH SE of total volume full 24 hours Method (Flownessure)	ne of load oil	P.B.T.D. Tubing Dep Depth Casir Signature of the second	th ag Shoe	CEMENT or exceed top a	
V.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Date Compl. Ready Name of Producing TUBI CASING & T Date of Test Tubing Pressure Oil-Bbls.	r to Prod. Formation NG, CASING FUBING SIZ	G, AND	Total Dept Top Oil/Go CEMENT! er recovery th or be for Producing Casing Pre Water - Bbl Bbls. Conc	Workover h as Pay NG RECOR DEPTH SE of total volume full 24 hours Method (Flownessure) ssure	ne of load oil	P.B.T.D. Tubing Dep Depth Casir SA and must be e ift, etc.) Choke Size Gravity of 6 Choke Size	th ag Shoe	or exceed top a	
V.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL, WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Date Compl. Ready Name of Producing TUBI CASING & T Date of Test Tubing Pressure Oil-Bbls.	r to Prod. Formation NG, CASING FUBING SIZ	G, AND	Total Dept Top Oil/Go CEMENT! er recovery th or be for Producing Casing Pre Water - Bbl Bbls. Conc	Workover In Service S	me of load oil) , pump, gas l	P.B.T.D. Tubing Dep Depth Casir SA and must be e ift, etc.) Choke Size Gravity of Choke Size	th ag Shoe	or exceed top a	
V.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL, WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIANCE I hereby certify that the rules and references	Date Compl. Ready Name of Producing TUBI CASING & T Date of Test Tubing Pressure Cil-Bbls. Length of Test Tubing Pressure	NG, CASING TUBING SIZ E (Test mu able for	G, AND E ust be after this depth	Total Dept Top Oil/Go CEMENT! er recovery th or be for Producing Casing Pre Water - Bbl Bbls. Conc	Workover In Service S	me of load oil) , pump, gas l	P.B.T.D. Tubing Dep Depth Casir SA and must be e ift, etc.) Choke Size Gravity of Choke Size	th ag Shoe	or exceed top a	
V.	Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIANCE I hereby certify that the rules and a complession have been complied to	Date Compl. Ready Name of Producing TUBI CASING & T CASING & T Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure CE	NG, CASING TUBING SIZ E (Test mu able for	G, AND EE ust be after this depute this depute this depute the second this depute the second the	Total Depti Total Depti Top Oil/Go CEMENT! er recovery th or be for Producing Casing Pre Water-Bbl Bbls. Conc	Workover In Service S	me of load oil) , pump, gas l	P.B.T.D. Tubing Dep Depth Casir SA and must be e ift, etc.) Choke Size Gravity of Choke Size	th ag Shoe	or exceed top a	
V.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL, WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIANCE I hereby certify that the rules and references	Date Compl. Ready Name of Producing TUBI CASING & T CASING & T Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure CE	NG, CASING TUBING SIZ E (Test mu able for	G, AND EE ust be after this depute the dep	Total Depti Total Depti Top Oil/Go CEMENT! er recovery th or be for Producing Casing Pre Water-Bbl Bbls. Conc	Workover In Pay ING RECOR DEPTH SE of total volume full 24 hours Method (Flown DESSURE OIL (OVED	me of load oil) , pump, gas l	P.B.T.D. Tubing Dep Depth Casir SA and must be e ift, etc.) Choke Size Gravity of 6 Choke Size	th ag Shoe	or exceed top a	

J. F. Carnes

(Signature)

(Title)

(Date)

Dist. Prod. Eng.

Sept. 28, 1966

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well 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