DISTRIBUTION				
SANTA FE		REQUEST FOR ALLOWABLE RECEIVED  AND  REGIONAL PROPERTY AND RECEIVED  REGIONAL PROPERTY AND REGIONAL PROP		
FILE		AND RECEIVED	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO	O TRANSPORT OIL AND NATURAL G		
LAND OFFICE	<del>_</del>	FEB 1 5 1983	; ;	
I RANSPORTER -		•	· •	
OPERATOR		O. C. D.		
PRORATION OFFICE		ARTESIA, OFFICI	<b>5</b>	
Operator				
	Corporation 🗸		·	
P.O. Box 4	391, Houston, Texas	77210		
Reason(s) for filing (Check pr	oper box)	Other (Please explain)		
New We!1	Change in Transporter of:		·	
Recompletion	011	Dry Gas .		
Change in OwnershipXX	Casinghead Gas	Condensate		
If change of ownership give and address of previous own	name Petroleum Corpor	ation of Texas, Box 911		
II. DESCRIPTION OF WELL	AND LEASE		76024	
Lease Name	Well No. Pool Name, Inc.		1 -	
Jenkins 'B'	Federal 2 Grayburg J	ackson sa-q-g-80 State, rederal	crfee Federal 054988B	
Location	OOO Name	222		
Unit Letter U	990 Feet From The Nort	h Line and 330 Feet From T	he West	
Line of Section 20	Township 175 Ran	nge 30E , NMPM, Edd	dy County	
III. DESIGNATION OF TRA: Name of Authorized Transport	NSPORTER OF OIL AND NATUR.	AL GAS   Address (Give address to which approv	ed copy of this form is to be sent!	
_	2)	DD 0 = 5502-44	NI NIM 7/261	
Name of Authorized Transporter of Casinghead Gas Q or Dry Gas Address (Give address to which			ed copy of this form is to be sent)	
Phillips Pe	r.	424 HS & L Bldg Bartle	424 HS & L Bldg., Bartlesville, OK 74004	
If well produces oil or liquida	linit Sec. Twp. 15	Rge. Is gas actually connected? Whe		
give location of tanks.	E 20 17S	30E yes	3-81	
If this production is commin	igled with that from any other lease of	r pool, give commingling order number:		
IV. COMPLETION DATA	Oil Well Gas	Well New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.	
Designate Type of Co	ompletion — (X)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			Tubing Depth	
Elevations (DF, RKB, RT, G	R. etc., Name of Producing Formation	Top Oil/Oas Pay	Turing Depth	
Perforations		1	Depth Casing Shoe	
Periorutions				
	TUBING, CASIN	IG, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZ	ZE DEPTH SET	SACKS CEMENT	
			1	
			1	
M meet name and and provi	TEST FOR ALLOWARIE (Ton-	ust be after recovery of total volume of load oil	and must be equal to or exceed top allow-	
V. TEST DATA AND REQU		r this depth or be for full 24 hours)		
Date First New Cil Run To T	anks Date of Test	Producing Method (Flow, pump, gas lif	1, esc.)	
-		Casing Pressure	Choke Size	
Length of Test	Tubing Pressure	Custing (7.703 and	Mr.	
Actual Prog. During Test	Oil-Bhla.	Water - Bbls.	Ges-MCF	
'			/ / M	
GAS WELL	II and of The	Bbis. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Dis. Garansio, And		
Testing Method (pitot, back )	or.) Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
resund wetwar (http://opew.)				
VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given complete to the heat of my knowledge and belief.		OIL CONSERVA	OIL CONSERVATION COMMISSION FEB 1 7 1983	
		FFR 1 7 198		
		vation   APPROVED	, 19	
		i given	Walla	

BY.

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Regulatory Engineer (Title)

February 1

, 1983 (Date)

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

TITLE OIL AND GAS INSPECTOR

If this is a request for silowable 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