	<i>57</i> /	-						
	File H		· ()					
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	LAND OFFICE					RECEIV	E 0	
	TRANSPORTER OIL						E D	
	OPERATOR /					CED 10 400		
	PRORATION OFFICE					SEP 18 197	78	
1.	Operator Operator						<del></del>	
	General Operating Com		O. C. C.					
	Address							
	Suite 1007 Ridglea Ba	Suite 1007 Ridglea Bank Building, Fort Worth, Texas 76116						
	Reason(s) for filing (Check proper box)		Other (Please explain)					
	New We!! Change in Transporter of: Re-activation Temporarily  Recompletion Oil Dry Gas						ındoned	
	Change in Ownership   Casinghead Gas   Condensate   0il Well							
	If change of ownership give name and address of previous ownerNA							
	and address of previous owner							
II.	DESCRIPTION OF WELL AND I							
	Lease Name Grayburg Jackso						Lease No.	
	Unit Tract 7	6 Grayburg Jacks	son Q-C	G-SA	State, Federal	or Fee Federal	_LC-028992	
	:	Cauth		25	Feet From 1	-h- East	(a)	
	Unit Letter P ; 990 Feet From The South Line and 25					he Bast		
	Line of Section 22 Tow	mship 17South Range	30 Ea	ast , <sub>NMPM</sub>	E	ddy	County	
							,	
III.	DESIGNATION OF TRANSPORT		S					
	Name of Authorized Transporter of Oil	1	Address (Give address to which approved copy of this form is to be sent)					
	Texas New Mexico Pipe I		P. O. Box 1510, Midland Address (Give address to which appro					
	Name of Authorized Transporter of Cas	Address (title address to which approv			vea copy of this form is to be sent;			
	Unit Sec. Twp. Pge.			tually connecte	ed? Whe	èn		
	If well produces oil or liquids, give location of tanks.	P 22 17S 30E		No	ì			
	If this production is commingled wit	h that from any other lease or pool	give com	mingling order	number		1	
	COMPLETION DATA	n that from any other sease or poor,	give com	minging order				
	Designate Type of Completio	Oil Well Gas Well	New Well		Deepen	Plug Back   Same Re	s'v. Diff. Res'v	
			+	<u> </u>		<del> </del>	<u> </u>	
	Date Spudded Re-Activation	Date Compl. Ready to Prod. 9-7-78	Total De	3211 <b>'</b>		P.B.T.D. 3170'		
	TA Well 8-31-78 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/			Tubing Depth		
	3664 GR	Premier Sand (Gbg.)		3155'		3153'	SN	
	Perforations					Depth Casing Shoe		
	он 3136'-70'					3136'		
		TUBING, CASING, AND	CEMEN	TING RECOR	D	<del>,</del>		
	HOLE SIZE	CASING & TUBING SIZE	<del> </del>	DEPTH SI 496		SACKS CE	MENT	
	NA	8-5/8" OD 7" OD	<del></del>	3136		100		
	NA 6-1/4"	2-3/8" OD	-		' SN	- 100		
	0-1/4	2-378 00	3133 OA		+			
v	TEST DATA AND PROUEST FO	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top ation						
٧.	OII. WELL able for this depth or be for full 24 hours)							
	Date First New Oil Run To Tanks	Date of Test	Producin			(t, etc.)	\ ·	
	9-9-78 Length of Teet	9-12-78 Tubing Pressure	Castna	Pump Casing Pressure		Choke Size		
	1		Field line			None		
	24 Hrs. Actual Prod. During Test	Flow line	Water-Bbls.			Gas-MCF		
	180 BF	15	1	65		TSTM	1	
	Duster							
	GAS WELL						1	
	Actual Prod. Test-MCF/D	Length of Test	Bble. Co	ondensate/MMC	F	Gravity of Condensati	S-27 1	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casina	ressure (Shut	-in)	Choke Size		
	testing Method (pitot, back pro)	Turny Probability			•		141/1	
M.	CERTIFICATE OF COMPLIANCE	re ·		OIL	CONSERVA	TION COMMISSION	ON.	
V 4	CERTIFICATE OF COMPLIAN	, E		014			-,,	
	. cereby certify that the rules and regulations of the Oil Conservation		APPR	APPROVED SEP 1 9 /1978 , 19				
	commission have been complied with end that the information given		BY_	1). (1) Dusset				
	w Stumhoffer  (Signature) Agent (Title) 9-14-78 (Date)					ICTRICT II		
				TITLE SUPERVISOR, DISTRICT II  This form is to be filed in compliance with Role On If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviatesta taken on the well in accordance with Rule 111  All sections of this form must be filled out completely for able on new and recompleted wells.  Fill out only Sections I. II. III, and VI for changes of owwell name or number, or transporter, or other such change of cond				
				eparate Form	s C-104 mus	t be filed for each	pool in mullip	
	••	ii compi	completed wells					