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	SANTA FE	NTA FE		
	FILE		/-	
	U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	OIL	1	
		GAS		
	OPERATOR		1	
I.	PRORATION OFFICE		1	

~	/
Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
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EO 1 5 1985	
All Survey of the survey of th	

SANTA FE	1	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE /-		Fliective 1-1-02	
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	L GAS
LAND OFFICE			
TRANSPORTER OIL			
GAS			
OPERATOR /			
PRORATION OFFICE			With the second the second to the second
Operator			RECEIVED
	ction Company		
Address			DEC 1.5 1785
P. O. Box 35	5, Monahans, Texas	Other (Please explain)	Walter Fred
Reason(s) for filing (Check proper box		Omer (Flease explain)	3 8. M.
New Well	Change in Transporter of: Oil Dry Ga		San
Recompletion		≒	-
Change in Ownership	Casinghead Gas Conder	13die	
If change of ownership give name			
and address of previous owner			
I. DESCRIPTION OF WELL AND	Lease No. Well No. Pool Na	me, Including Formation	Kind of Lease
Lease Name			State, Frenchoster B-936
Etz-State	11 Gray	burg Jackson - Queen	ARARAMAN D. 750
Location	,		·
Unit Letter K; 23	10 · Feet From The South Lir	ne and <u>1770</u> Feet Fr	om The West
		0 0 7	Salan Causan
Line of Section 16 To	wnship 17S Range	30E , NMPM, E	ddy County
		. ~	
1. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which at	oproved copy of this form is to be sent)
Name of Authorized Transporter of Oi			
Texas-New Mexico Pip	singhead Gas or Dry Gas	Midland, Texas	oproved copy of this form is to be sent)
Name of Authorized Transporter of Co	isinghedd Gds or Dry Gds	Madress (Stee Sadress to Mills	
		Is gas actually connected?	When
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually competed;	1
give location of tanks.	N 16 17S 30E	l No	
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Designate Type of Completi		New Well Workover Beepen	1
Designate Type of Complete		(X)	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
November 11, 1965 Elevations (DF, RKB, RT, GR, etc.)	November 23, 1965 Name of Producing Formation	2093	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
3675 Gr	Queen Sand	2070	2067 Depth Casing Shoe
Perforations			
2058 - 2093	(Open Hole)		2058
		D CEMENTING RECORD	CACKE CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8" O.D.	531	50
7 5/8"	1 1/2" O.D.	2058	100
3 7/8"	2 3/8" O.D.	2067	
			
V. TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test must be	after recovery of total volume of load	loil and must be equal to or exceed top allow
OIL WELL	able for this a	epth or be for full 24 hours)	110
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ge	as lift, etc.)
December 1, 1965	December 5, 1965 Tubing Pressure	Casing Pressure	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
2h Hours			V
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
20 Ph3 e	30	None	TSTM
39 Bbls			
GAS WELL	Will to a state of the second	will to	<u> (3/0-7/6-77-3) [33</u>
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			#11-
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSE	RVATION COMMISS(ON
VI. CERTIFICATE OF COMPLIA	NCE	DEC 15	1965
	dletions of the Oil Conservation		, 19
Commission have been complied	i regulations of the Oil Conservation with and that the information given	BY MLarustrong	
above is true and complete to t	he best of my knowledge and belief.		
		TITLE SEL AND SAN INS.	PEGTOR
	,•	= =================================	 -
	12 12 (This form is to be filed	in compliance with RULE 1104.
11. ZMA	16664	If this is a request for	allowable for a newly drilled or deepened
(Sí	gnature)	well, this form must be accordant tests taken on the well in	ompanied by a tabulation of the deviation accordance with RULE 111.
Petroleum Engineer		All sections of this for	m must be filled out completely for allow
	Title)	able on new and recomplete	ed wells.
Panel - 32 306		Fill out only Sections	T II. III. and VI for changes of owner
December 13, 1965	Date)	well name or number, or tran	sporter, or other such change of condition

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