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SANTA FE		, 1	
FILE			1, -
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		1
OPERATOR			
PRORATION OF	TICE		

	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND J.S.G.S. AND OFFICE RANSPORTER OIL OIL		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65					
1.	GAS  OPERATOR  PRORATION OFFICE  Operator  Kewanee 011 Compa	20V						
	Address	Fulsa, Oklahoma 74101						
	Reason(s) for filing (Check proper bo.  New Well  Recompletion  Change in Ownership	Change in Transporter of:  Cil X Dry Go Casinghead Gas Conde	<del>=</del> :					
	If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND							
	Atoka San Andres Unit 1	Well No. Pool Name, Including F  2 Atoka (SA)	ormation Kind of Lease State, Federal	Ecase we.				
	Unit Letter P 66	P 660 South 660 F						
	Line of Section 11 To	wnship 185 Range	26E , NMPM, Eddy	County				
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	ıs					
	Name of Authorized Transporter of Oil Navajo Refining Company	or Condensate	Address (Give address to which approv	•				
	Name of Authorized Transporter of Co	singhead Gas 🐼 or Dry Gas 🗀	Address (Give address to which approv					
	Phillips Petroleum Comp	Unit Sec. Twp. Rge.	P. O. Box 6666, Odessa, Is gas actually connected? Whe					
	If well produces oil or liquids, give location of tanks.	0εP 11 18S 26E		8-1-60				
IV.	If this production is commingled wind COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:					
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.E.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tuking Depth				
	Perforations			Depth Casing Shoe				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
v	TEST DATA AND REQUEST E	OR ALLOWARIE (Test must be a	fee secondary of total volume of land oil o	and much be counted as a sure of the second				
••	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)							
	Date First New Oil Aun 10 I daks	Dute of Test	Producing Method (Flow, pump, gas lift	, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF				
,	GAS WELL		<u> </u>	<del></del>				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chcke Size				
VI.	CERTIFICATE OF COMPLIAN	CE	11 IN	Tion commission 1271969				
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	APPROVED	1271969 10211665, 19				
	above is true and complete to the	e best of my knowledge and belief.	BY C.C. G	LENSIET-J				
	7,		TITLE GA	IS 'MSPECTOR				
	- W. W. M.	A. M. Tharp	This form is to be filed in c	ompliance with RULE 1104,				

## VI.

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May Colleans	M.	M.	Tharp
(Signature)			
Chief Clerk			
(Title)			
June 24, 1969			

(Date)

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 completed wells.