	DISTRIBUTION										
	SANTA FE		ONSERVATION COMSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65							
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	ASVED							
	LAND OFFICE OIL / TRANSPORTER OIL / GAS / PRORATION OFFICE NOV 101971										
	OPERATOR										
I.	PRORATION OFFICE										
	Kewanee Oil Company										
	P. O. Box 3786, Odessa Texas 79760										
	Reason(s) for filing (Check proper box) Other (Please explain)										
	New We!l Change in Transporter of:										
	Recompletion Oil Dry Gas Change ir Ownership Casinghead Gas Condensate Change of location of tanks										
	••										
	If change of ownership give name and address of previous owner			······································							
н	DESCRIPTION OF WELL AND	LEASE									
•••	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease State, Federal	cr Fee Fee							
	Atoka San Andres Unit	1 Atoka (SA)									
	Unit Letter E 330	Feet From The West Lin	e and Feet From T	be South							
	12		26E , NMPM, Eddy								
111.	Name of Authorized Transporter of Oil		Address (Give address to which approve								
	Navajo Refining Compar	y, Pipe Line Division	North Freeman Avenue, An Address (Give address to which approv								
	Phillips Petroleum Con	npany	4th & Washington, Odess	a, Texas 79760							
	If well produces oil or liquids, give location of tanks.	K 12 18S 26E	Yes	8-1-60							
IV	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:								
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Flug Back Same Res'v. Diff. Res'v.							
	Designate Type of Completies	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth							
				Death Cracker Share							
	Perforations Depth Casing Shoe										
			DEPTH SET	SACKS CEMENT							
	HOLE SIZE	CASING & TUBING SIZE									
•	TEST DATA AND REQUEST FO	DRALLOWABLE (Test must be a	fter recovery of total volume of load oil a	and must be equal to or exceed top allow-							
ν.	OIL WELL	able for this de	pth or be for full 24 hours) Froducing Method (Flow, pump, gas life								
	Date First New Oil Run To Tanks	Date of Test	Producing Method (riow, pump, gos and	.,							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size							
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF							
	Actual Prod. During test										
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size							
VI.	CERTIFICATE OF COMPLIAN	CE	NOV 1	TION COMMISSION							
	I hereby certify that the rules and a	regulations of the Oil Conservation	BY_U, C, Gresset								
	Commission have been complied w above is true and complete to the	with and that the information given									
			TITLE OIL AND GAS INSPECTOR								
	Q_{1}	•	This form is to be filed in c	compliance with RULE 1104.							
	Khin Kille	(2)	If this is a request for allowable for a newly drilled or despended								
	Signi	sture).)	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 allow- able 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								
	District Clerk	tie)									
	November 9, 1971										
	(De	21e)									

well	name	or	number, or transporter, or			other	such change of conditions					
	Separ	ate	Forms	C-104	must	be	filed	for	each	pool	in	multiply
	1.00.0	****	.11#									