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}	DISTRIBUTION 5		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65
ļ	U.S.G.S.  LAND OFFICE	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	RECEIVED
	TRANSPORTER OIL / GAS / OPERATOR /			SEP 6 1968
1.	PRORATION OFFICE			
				ARTESIA, OFFICE
	Kewanee Oil Company Address			
		, Oklahoma 74101		
	Reason(s) for filing (Check proper box)	, oktanoma / mon	Other (Please explain)	
	New Well	Change in Transporter of:	Change of Operato	or and lease Name
	Recompletion	Oil Dry Gas		
	Change in Ownership	Casinghead Gas Condens	<b>( )</b> 1	
	If change of ownership give name and address of previous owner		Oil Company, P.O. Bay	33, midland, Jex.
##.	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
	Atoka San Andres Unit Tr	.6 5 Atoka (SA)	State, Federal o	Fee Fee
	Location			
	Unit Letter L ; 165	O Feet From The South Line	e and 330 Feet From Th	• West
		185		Eddy County
	Line of Section 12 Tow	nship 105 Range	ZOL , NMPM,	County County
			<b>a</b>	
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil \( \text{N} \) or Condensate \( \text{D} \) Address (Give address to which approved copy of this form is to be sent)			
			M. Freeman aux.	Now Maxico 88210
	Continental Pipe Line C Name of Authorized Transporter of Cas	inghead Gas V or Dry Gas	Adgress (Give address to which approve	d copy of this form is to be sent)
	Phillips Petroleum Comp	, ,	Shilling Rullding Odes	sa, Texas 7976φ
		Unit Sec. Twp. Rge.	Is gas actually connected? When	34, 10/03
	If well produces oil or liquids, give location of tanks.	[&J ]] 18S 26E	Yes	August/,1960
	<u> </u>	h that from any other lease or pool,	give commingling order number:	,
	COMPLETION DATA			Plug Back   Same Res'v. Diff. Res'v.
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resv. Din. Resv.
			Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Lievations (Dr., RRB, R1, GR, etc.)			
	Perforations			Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			t and the second and a	-d -was he agual to or exceed top allow
V.	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)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
				Gas-MCF
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	GGE-MCF
	GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Landin of 144.		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	results instruct throat once her		1	
	TOTAL OF COURT IAN	CF	OIL CONSERVA	TION COMMISSION
VI	. CERTIFICATE OF COMPLIANCE			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY W. R. Gressett	
	above is true and complete to the	e best of my knowledge and belief.		
	-	,	TITLE OIL AND GAS INSPECTS	
	).	1/	This form is to be filed in c	ompliance with RULE 1104.
	- 119 Mil 1	M. M. Tharp	To the annual for allow	ship for a newly drilled or deepens
	(Signature)		I wall this form must be accompai	ried by a raphractou or the desirence
		6 01 - ml	tests taken on the well in accordance with RULE 111.	

Chief Clerk (Title)

September 3, 1968 (Date)

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi Separate Forms C-104 must be filed for each pool in multiply

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.