

SANTA FE  
FILE  
U.S.G.S.  
LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

SEP 6 1968

I. Operator  
Kewanee Oil Company  
Address  
Box 2239, Tulsa, Oklahoma 74101  
Reason(s) for filing (Check proper box)  
New Well  
Recompletion  
Change in Ownership  
Change in Transporter of:  
Oil  
Casinghead Gas  
Dry Gas  
Condensate  
Other (Please explain)  
Change of Lease Name  
from: Leavitt "S"

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name  
Atoka San Andres Unit Tr. 19  
Well No.  
6  
Pool Name, Including Formation  
Atoka (SA)  
Kind of Lease  
State, Federal or Fee  
Fee  
Lease No.  
Location  
Unit Letter  
F  
1650  
Feet From The  
West  
Line and  
1650  
Feet From The  
North  
Line of Section  
13  
Township  
18S  
Range  
26E  
NMPM,  
Eddy  
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  
Continental Pipe Line Company  
Name of Authorized Transporter of Casinghead Gas  
Phillips Petroleum Company  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 357, Artesia, New Mexico 88210  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 6666, Odessa, Texas 79760  
If well produces oil or liquids,  
give location of tanks.  
Unit  
E  
Sec.  
13  
Twp.  
18S  
Rge.  
26E  
Is gas actually connected?  
Yes  
When  
March 1960

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)  
Oil Well  
Gas Well  
New Well  
Workover  
Deepen  
Plug Back  
Same Res'v.  
Diff. Res'v.  
Date Spudded  
Date Compl. Ready to Prod.  
Total Depth  
P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.)  
Name of Producing Formation  
Top Oil/Gas Pay  
Tubing Depth  
Perforations  
Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE  
CASING & TUBING SIZE  
DEPTH SET  
SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.)  
Length of Test  
Tubing Pressure  
Casing Pressure  
Choke Size  
Actual Prod. During Test  
Oil - Bbls.  
Water - Bbls.  
Gas - MCF

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 COMPLIANCE

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.

M. M. Tharp  
(Signature)  
Chief Clerk  
(Title)  
September 3, 1968  
(Date)

OIL CONSERVATION COMMISSION

APPROVED  
BY  
TITLE

This form is to be filed in compliance with RULE 1104.  
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 conditions.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.