| <i>f</i> . | - . | | |
|--|--|---|--|
| SANTA FE | | ONSERVATION COMMISSION FOR ALLOWABLE | Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 |
| U.S.G.S. | AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | S RESSERVE |
| TRANSPORTER OIL / GAS / | | * . | <u> </u> |
| OPERATOR / PRORATION OF FICE Operator | | | SEP 6 1968 |
| Kewanee 0il Co | ompany | | ARTE OF CHEE |
| 1 *** * | sa, Oklahoma 74101 | Other (Please explain) | |
| New Well Recompletion Change in Ownership | Change in Transporter of: Oil Dry Go Casinghead Gas Conde | from: Fanni | |
| If change of ownership give nam | e | | |
| I. DESCRIPTION OF WELL AN | | ormation Kind of Lease | Lease No. |
| Lease Name Atoka San Andres Unit | | State, Federal | 1 - |
| | 2310 Feet From The South Lin | ne and 990 Feet From Th | neWest |
| Line of Section 13 | Township 18S Range | 26E , NMPM, | Eddy County |
| I. DESIGNATION OF TRANSPO | ORTER OF OIL AND NATURAL GA | Asigness (Give address to which approve | ed copy of this form is to be sent) |
| Continental Pipe Li | | Company P. C. Box 367, Artesia, New Mexico 882/ Inghead Gas [V] or Dry Gas Address (Give address to which approved copy of this form is to be sent) | |
| | Phillips Petroleum Company P. 0. Box 6666, | | , Texas 19160 |
| If well produces cil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Yes | • |
| If this production is commingled V. COMPLETION DATA | with that from any other lease or pool, | give commingling order number: New Well Workover Deepen | Plug Back Same Res'v. Diff. Res' |
| Designate Type of Compl | | Total Depth | P.B.T.D. |
| Date Spudded Elevations (DF, RKB, RT, GR, etc. | | Top Oil/Gas Pay | Tubing Depth |
| Perforations | | | Depth Casing Shoe |
| | TUBING, CASING, AN | D CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | TOD ALLOWARIE (Text must be | after recovery of total valume of load oil a | and must be equal to or exceed top all |
| V. TEST DATA AND REQUEST OIL WELL Date First New Cil Run To Tanks | able for this d | lepth or be for full 24 hours) Producing Method (Flow, pump, gas lift | |
| Date First New Cil Run To Tanks | | | Choke Size |
| Length of Test | Tubing Pressure | Casing Pressure Water-Bbis. | Gas-MCF |
| Actual Prod. During Test | Oil-Bbls. | Water - DDIs. | |
| 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 COMPL | | | TION COMMISSION |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | APPROVED // C | 68 |
| above is true and complete to | the best of my knowledge and belief | TITLE OIL AND GAS TEAPER | iod |
|)/1 /ir // | M. M. Tharp | This form is to be filed in o | compliance with RULE 1104. |
| | (Signature) | well, this form must be accompa- tests taken on the well in accor | wied DA w fabriation of the gearest |

Chief Clerk (Title)

1968

September 3.

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