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	U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	OIL	/	
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	OPERATOR		/_	
I.	PRORATION OFFICE			
	Operator			

Division Superintendent

October 19, 1965

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED DUT SIS ADOR Kewanee Oil Company Address P.O. Box 3786, Odessa, Texas
Reason(s) for filing (Check proper box) Other (Please explain) Change of Lease Name New Well Dry Gas Recompletion (Formerly Terry) Condensate Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation State, Federal or Fee Fee Atoka, San Andres 2 Terry Tr. 2 Location 990 Feet From The North Line and 1650 ____ Feet From The ____ Unit Letter **B** County Range **26E** , NMPM, Eddy Line of Section 14 Township 18S III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P.O. Box 367. Artesia. New Mexico Continental Pipe Line Company

Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips Petroleum Company Phillips Building, Odessa, Texas Rae. If well produces oil or liquids, Yes 26E 185 B 14 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Deepen Workover Oil Well Gas Well New Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded <u> 1687'</u> 3-19-57
Elevations (DF, RKB, RT, GR, etc.) 4-9-57 Tubing Depth Name of Producing Formation 1647' 3305' GR San Andres Depth Casing Shoe Perforations 1700' 1650' - 1664' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 8-5/811 1100' 11" 360 17001 5-1/2" 7-7/8" 2-3/8" (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure Testing Method (pitot, back pr.) Tubing Pressure OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE OCT 2 1 1965 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. OCL AND GAS INSPECTOR

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 condition.

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