NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 SANTA FE REQUEST FOR ALLOWABLE FILE **AND** AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS u.s.g.s. LAND OFFICE OIL RECEIVED TRANSPORTER GAS OPERATOR SEP 1 1 1968 PRORATION OFFICE Operator Kewanee 011 Company 0. c. c. Address ARTESIA, OFFICE Box 2239, Tulsa, Oklahoma 74101 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Change of Operator and Lease Name Dry Gas Former Lease Name; McNett-Vandagriff Recompletion Condensate Change in Ownership Casinahead Gas Standard 011 Company of Texas If change of ownership give name and address of previous owner ____ Former Operator: A Division of Chevron Oll Company II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No. Pool Name, Including Formation State, Federal or Fee Atoka San Andres Unit Tr. 26 Atoka (SA) 990 Feet From The 990 Feet From The____ Southine and 185 26E , NMPM, Township Range Eddy Line of Section 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 Artes in New Mexico 26 Continental Pipe Line Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas O. Box 6666, Odessa, Texas Philips Petroleum Company Trwp. Sec. If well produces oil or liquids, give location of tanks. 185 11-25-59 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. Workover Plug Back Gas Well New Well Deepen Oil Well Designate Type of Completion -(X)P.B.T.D. Total Depth Date Spudded Date Compl. Ready to Prod. Tubing Depth Ton Oil/Gas Pay Name of Producing Formation Elevations (DF. RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or able 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

Bbls. Condensate/MMCF Casing Pressure (Shut-in) Choke Size

Gravity of Condensate

Lease No.

County

a sop allow

88210

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

Actual Prod. Test-MCF/D

GAS WELL

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.

Length of Test

Tubing Pressure (shut-in)

Wi M. Ok ash H. H. There
(Signature) M. M. Therp
Chief Clerk
(Title)
September 9, 1968

(Date)

OIL AND GAS INSPECTOR THTLE.

OIL CONSERVATION COMMISSION

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.

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