Box 22 Reason(s) for filing			
Kewane	e 011	Co	mp at
Operator		_	
PRORATION OF	FICE	ļ	
OPERATOR	OR		
	GAS	14	<u> </u>
IRANSPORTER	OIL	1	<u> </u>
LAND OFFICE	ļ.,	\	
U.S.G.S.	<u> </u>	<u> </u>	
FILE			
SANTA FE			
DISTRIBUTION			
NO. OF COPIES RECEIVED			

SANTA FE /	REQUEST FOR ALLOWABLE				Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65	
FILE /	AUTHORIZATION T	TO TOAL	AND ISPORT OIL A	AND NATHRAL O	GAS	
LAND OFFICE	AUTHURIZATIUN I	IO IRAN	OI OK I OIL A	WE HATOKAL C		
IRANSPORTER GAS /						
OPERATOR / PRORATION OFFICE					1.1588	
Operator Kewanee Oil Company	. V				er og ers	
Address	<u> </u>				PACTOR LA CAPPIELL	
Box 2239, Tulsa, Ok	(lahoma 74101					
Reason(s) for filing (Check proper box) New We!1 Recompletion	Change in Transporter of:	: Dry Gas	Cha		tor and Lease Name me: M. L. Higgins et al	
Change in Ownership	Casinghead Gas	Condens				
If change of ownership give name and address of previous owner	Former Operato	or: St	andard Oil Division o	Company of 1 f Chevron Oil	Company	
I. DESCRIPTION OF WELL AND LE	EASE Well No. Pool Name, Inc	cluding Fo	rmation	Kind of Leas	e Lease No.	
Atoka San Andres Unit Tr. 2	1 1 Atoka	(SA)		State, Federa	n or Fee Fee	
Unit Letter / A ; 330	Feet From The Hort	th_Line	and 990	Feet From	The East	
Line of Section 13 Towns	ship 185 Ro	ange	26E .	NMPM, Eddy	County	
I. DESIGNATION OF TRANSPORTE Name of Authorized Transporter of Oil	CR OF OIL AND NATU	RAL GAS	Address (Give ad	ddress to which appro	wed copy of this form is to be sent)	
The Permian Corporation			P. 0. Box	3119, Midlar	nd, Texas	
Name of Authorized Transporter of Casin		s	Address (Give a	ddress to which appro	eved copy of this form is to be sent;	
Phillips Petroleum Compa	eny	Rge.	P. O. Box	6666, Odessa	n. Texas	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. A 13 185	26E	Yes		2-1-61	
If this production is commingled with				g order number:		
If this production is commingled with V. COMPLETION DATA		as Well		rkover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completion			1	!		
_	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
	Name of Producing Formation	n	Top Oil/Gas Pa	у	Tubing Depth	
Elevations (Dr., KKB, KI, GK, etc.)					Depth Casing Shoe	
Perforations						
	TUBING, CAS	ING, AND	CEMENTING			
HOLE SIZE	CASING & TUBING	SIZE	DE	PTH SET	SACKS CEMENT	
			<u></u>		land make analysis of the same	
V. TEST DATA AND REQUEST FO	R ALLOWABLE (Test able	must be as for this de	pth or be for full	24 hours)	l and must be equal to or the cop allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test		Producing Meth	od (Flow, pump, gas i	lift, etc.)	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil-Bbls.		Water - Bbls.		Gas - MCF	
GAS WELL			1 -:		Complete of Condensate	
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condenso		Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressur	e (Shut-in)	Choke Size	
VI. CERTIFICATE OF COMPLIANC	CE .			OIL CONSERV	ATION COMMISSION	
	egulations of the Oil Con-	servation	APPROVE	o	, 19, 19	
I hereby certify that the rules and re Commission have been complied w above is true and complete to the			BY	N.a. A	ressett	
above to the one compacts to the	_			TO COTE CONTRACTOR	10.7-	
$3a \cdot 12$			This fo	rm is to be filed in	compliance with RULE 1104.	
11/2 Mr. Ika	expo M. M. Th	arp	11			
(Signa	· // ·		well, this for	orm must be accomi	ordance with RULE 111.	
Chief			All sec	tions of this form to and recompleted	nust be filled out completely for allow	
(Tite September			11	a sale Castings T	it itt and VI for changes of owner	
(Da.			∷ well name o	te Forms C-104 mi	orter, or other such change of condition ust be filed for each pool in multip	