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FILE		17-		
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				

re 1-1-65	TURAL GAS	AND ISPORT OIL AND NA	AUTHORIZATION TO TRA	U.S.G.S.	
	HURAL GAS	ISPUR I UIL AND NA			
			AUTHORIZATION TO TRA	LAND OFFICE	
				TRANSPORTER OIL	
				GAS	
				OPERATOR / PRORATION OFFICE	
			1	Operator	
			any	Kewanee 011 Comp	
			Okiahoma 74101	Box 2239, Tulsa,	
	xplain)	Other (Please ex	OKIGHONG PITOT	Reason(s) for filing (Check proper box)	
ase Name	f Operator a	Change o	Change in Transporter of:	New Well	
Rogers et al	ease Name:		Oil Dry Go	Recompletion	
			Casinghead Gas Conder	Change in Ownership	
	y or lexas on Oil Compa	ndard Oil Compani ivision of Chevro	Former Operator: A	If change of ownership give name and address of previous owner	
-				·	
Lease No.	ind of Lease	mation K	Well No. Pool Name, Including F	I. DESCRIPTION OF WELL AND I	
Fee	tate, Federal or Fee	St	.2 2 Atoka (SA)	Atoka San Andres Unit Tr	
				Location	
	Feet From The	and330	Feet From The South Lin	Unit Letter ; 1650	
County	Eddy	26E , NMPM,	nship 185 Range	Line of Section 10 Tow	
orm is to be sent)	which approved cop	Address (Give address to t		Name of Authorized Transporter of Oil	
xico	, Artesia, I	P. 0. Box 367 Address (Give address to a	Company	Continental Pipe Line	
orm is to be sent)				Continental Pipe Line Name of Authorized Transporter of Cas	
<u>·</u>	6, 0dessa, 1	P. O. Box 666 Is gas actually connected?		Phillips Petroleum Com	
9	, when	Yes	Unit Sec. Twp. Rge.	If well produces oil or liquids, give location of tanks.	
<u></u>				If this production is commingled wit	
ame Restv. Diff. Restv.	Deepen Plug	New Well Workover	Oil Well Gas Well	V. COMPLETION DATA	
ine res v. Ditt. res v.	beepen Flug	i i i		Designate Type of Completion	
	P.B.	Total Depth	Date Compl. Ready to Prod.	Date Spudded	
	Tubir	Top Oil/Gas Pay	Name of Producing Formation	DE 2/02	
	l abii	Top On; Gus Puy	Name of Producing Formation	Elevations (DF, RKB, RT, GR, etc.)	
ihoe	Depth		<u> </u>	Perforations	
		CENENTING DECORD	THRING CASING AND		
KS CEMENT		CEMENTING RECORD DEPTH SET	CASING & TUBING SIZE	HOLE SIZE	
l to or exceed top allow-	e of load oil and mu	er recovery of total volume	OR ALLOWABLE (Test must be a	V. TEST DATA AND REQUEST F	
	numn age lift etc	th or be for full 24 hours) Producing Method (Flow,)	able for this d	OIL WELL Date First New Oil Run To Tanks	
	pamp, gas 10,1, cici,	Producting Method (1 100)	Date of Test	Date First New Oil Hun To Tanks	
Choke Size		Casing Pressure	Tubing Pressure	Length of Test	
	Gas -	Water-Bbls.	Oil • Bbls.	Actual Prod. During Test	
				Actual Frod. During 1991	
			<u> </u>		
densate	Grav	Bbls. Condensate/MMCF	Length of Test	GAS WELL Actual Prod. Test-MCF/D	
10	3.1.	Date: Condendato, Mario.	Length of Teet	Actual Prod. 1881-MCF/D	
	in) Chok	Casing Pressure (Shut-i	Tubing Pressure (Shut-in)	Testing Method (pitot, back pr.)	
ISSION	ONSERVATION	OIL CO	CE	I. CERTIFICATE OF COMPLIAN	
, 19		APPROVED	egulations of the Oil Conservation	I hereby certify that the rules and	
	2 Dress	BY / W. W	ith and that the information given	Commission have been complied above is true and complete to the	
	The state of the s	- · <u></u>	• •	Section 13 tree and complete to his	
		TITLE			
ly drilled or deepened	est for allowable f	If this is a reque	/ M. M. Tharp		
lation of the deviction	he accompanied b			(Sign	
completely for allow-	his form must be	All sections of the			
	ompleted wells.	able on new and reco	•	• • • • • • • • • • • • • • • • • • • •	
h change of condition.	or transporter, or	Fill out only Se well name or number,	9, 1968		
This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or de well, this form must be accompanied by a tabulation of the de tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of			(Signature) Chief Clerk (Title) September 9, 1968		

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.