	·		
NO. OF COPIES RECEIVED 5			
DISTRIBUTION	NEW MEXICO OU CO	SNIC	
SANTA FE	NEW MEXICO OIL CON		
FILE /-	- REQUEST I	Al	
U.S.G.S.	AUTHORIZATION TO TRAI		
LAND OFFICE	AUTHORIZATION TO TRAI	NOF	
TRANSPORTER OIL /			
OPERATOR 1	-		
PROPATION OFFICE	-		
Operator Operator			
Petroleum Corpora	tion of Texas		
P. O. Box 752, Br	eckenridge, Texas		
Reason(s) for filing (Check proper bo			
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Condens	sate	
DESCRIPTION OF WELL AND	Well No. Pool Nam	10,	
Paton Federal #LC-0608	1 Red L	an	
	650 Feet From The North Line	on.	
Line of Section 6 T	ownship 18S Range		
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of O	il 👿 or Condensate 🗀	Ad	
Continental Pipe Line	Company	G	
Name of Authorized Transporter of C None	asinghead Gas or Dry Gas	Ād	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 6 18S 27E	Is	
this production is commingled v	with that from any other lease or pool, (give	
Designate Type of Complet		Ne	
Date Spudded	Date Compl. Ready to Prod.	Тс	
Pool	Name of Producing Formation	To	
Perforations		L	
	TUBING, CASING, AND	C	
HOLE SIZE	CASING & TUBING SIZE		
		<u> </u>	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be af		
OIL WELL	able for this de		
Date First New Oil Run To Tanks	Date of Test	Pr	
Length of Test	Tubing Pressure	Co	
Actual Prod. During Test	Oil-Bbls.		
gas well		T =:	
Actual Prod. Test-MCF/D	Length of Test	BI	
Testing Method (pitot, back pr.)	Tubing Pressure	Co	
CERTIFICATE OF COMPLIA	NCE		
CEBIIFICAIE UF CUMPLIA	IVE		
hasahu castifu that the sules as	d regulations of the Oil Conservation	/	
Commission have been commissed	with and that the information given	[[
Commission uses been compiled	Mitti wild that the production graces	11	
above is true and complete to t	the best of my knowledge and belief.		

May 1, 1965

(Date)

RVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

FILE /-	- KEQUEST	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	***********	GAS
LAND OFFICE		•	RECEIVED
TRANSPORTER GAS	-i		
PROPATION OFFICE	-		MAY 3 1965
Operator			O. C. C.
Petroleum Corporat	tion of Texas		ARTESIA, OFFICE
P. O. Box 752, Bre			
Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain)	thing Name
Recompletion	Oil Dry Go	Change of Opera effective May 1	~
Change in Ownership	Casinghead Gas Conder	F1	
If change of ownership give name and address of previous owner	Graridge Corporation, P.	. O. Box 752, Breckenric	lge, Texas
DESCRIPTION OF WELL AND	LEASE Well No. Pool No	ume, Including Formation	Kind of Lease
Paton Federal #LC-0608		Lake Grayburg San Andres	State, Federal or Fee Federal
Location			
Unit Letter F; 10	650 Feet From The North Lin	ne and 2310 Feet From	The West
Line of Section 6 To	ownship 18S Range	27E , NMPM,	Eddy County
DESIGNATION OF TRANSPOR Name of Authorised Transporter of Oi	TER OF OIL AND NATURAL GA	AS Address (Give address to which appro	oved copy of this form is to be sens)
Continental Pipe Line		Garner Building, Artes	sia. New Mexico
Name of Authorized Transporter of Co	zsinghead Gas or Dry Gas	Address (Give address to which appre	oved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		hen
	th that from any other lease or pool,		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resiv. Diff. Resiv
Designate Type of Completi	on – (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	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
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be o	after recovery of total volume of load of	l and must be equal to or exceed top allo
OIL WELL Date First New Oil Run To Tanks	able for this de	Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Oil-Bbls.	Water - Bbls.	Gas-MCF
Actual Prod. During Test	CII-BDIS.	Moder-Buis.	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		OIL CONSERVATION COMMISSION APPROVED JUN 2 1965 BY MI Armstrous	
		TITLE 646 Millio GLAS Attes Colle Vice	
///, / /	Mnite		compliance with RULE 1104.
Maris f	mature)Charles W. Smith	" well this form must be accome	owable for a newly drilled or deepend panied by a tabulation of the deviation
Office Manager		tests taken on the well in acc	ordance with RULE 111.
	Title)	All sections of this form mable on new and recompleted	nust be filled out completely for allow wells.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.

