		į.	\$ 6		
دند م			ρ	en de la companya de	
-	NO. OF COPIES RECEIVED		•		
-	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION	Form C-104	
-	FILE /-		FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65	
}	U.S.G.S.	AUTUODIZATION TO TOA	AND NSPORT OIL AND NATURAL G	Ks 4 1 09 PM 265	
}	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS . 1 03 14 60	
-	OIL /	RE	CELVED		
	TRANSPORTER GAS /				
	OPERATOR 6			RECEIVED	
1.	PRORATION OFFICE	N	OV 1 1 1965	······································	
	Operator	\checkmark		1000	
	Tom Schneider		O. C. <u>C.</u>	NOV 8 1965	
	Address 201 Ut. I Touron	Midland, Texas	TESIA, OFFICE	come and grade	
-	Reason(s) for filing (Check proper box)	Midiand, Texas	Other (Please explain)		
	New Well	Change in Transporter of:	Office (1 today oxpress)	artesia, office	
	Recompletion	Oil Dry Gar	s	•	
	Change in Ownership	Casinghead Gas Conden	= 1		
L		W. Tom Cowan & George	O Shettle		
	f change of ownership give name	Cowan & Shettle, Box 126	3, Artesia, New Mexico		
٠	and address of previous owner				
H. 1	DESCRIPTION OF WELL AND L	EASE	· · · · · · · · · · · · · · · · · · ·	1 ****	
	Lease Name		ne, Including Formation	Kind of Lease	
Ĺ	Jackson	1 Red	Lake	State, Federal or Fee Fee	
Γ	Location				
	Unit Letter M; 660 Feet From The South Line and 330 Feet From The West				
1		24.0	NG 15	Trada -	
	Line of Section 7 , Town	nship 18-S Range 2	27-E , NMPM, I	Eddy County	
			0		
II.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil		Address (Give address to which approx	ved copy of this form is to be sent)	
		_	Box 460, Hobbs, New Me		
-	Continental Oil Company Name of Authorized Transporter of Cast	inghead Gas X or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)	
	Phillips Petroleum Com		Phillips Bldg., Odessa	Texas Atth: W.C.Rodgers	
ŀ	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe		
	give location of tanks.	M	yes	unknown	
1	f this production is commingled with	that from any other lease or pool,	give commingling order number:	No-	
	COMPLETION DATA				
	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
				10000	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 1744	
	11-10-58	12-14-58	1757	Tubing Depth	
1	Pool	Name of Producing Formation	Top Oil/Gas Pay	1725	
-	Red Lake	San Andres	771	Depth Casing Shoe	
٠,	Perforations 5/ft 991-99,1609-19,1674-78,1690-96,1708-18,1730-		<u> </u>	1757	
4	5/1t 991-99,1009-19,1074	TUBING CASING AND	CEMENTING RECORD	1	
-	HOLE SIZE	CASHIG & TUBING SIZE	DEPTH SET	SACKS CEMENT	
}	18"	13 3/8"	60'	125	
ŀ	11"	8 5/8"	870	400	
	77/8"	5 1/2"	1757	500	
ŀ		2 3/8"	1725	***	
v	TEST DATA AND REQUEST FO	L	fter recovery of total volume of load oil	and must be equal to or exceed top allou	
٧.	OIL WELL	. able for this de	pth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	jt, etc.)	
l				J Ohaha Silaa	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				I Con-I/CE	
Ì	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	•	· ·			
- {					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	

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

VI. 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 above is true and complete to the best of my knowledge and belief.

Tom Samuel				
	(Signature)	Tom Schneider		
	Owner			
	(Title)			
November	2, 1965			
	(Date)			

OIL CONSERVATION COMMISSION

APPROVED NOV 1 3 1965 , 19 _____

TITLE DE LETE BAS HEREFRETE

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 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