DISTRIBUTION SANTA FE FILE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65
U.S.G.S. LAND OFFICE IRANSPORTER OIL	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	L GAS RECEIVED
OPERATOR 4			JUN 1 1956
Operator American Petro: Address	fina Company of Texas		O. C. C.
P 0 Box 1311 Reason(s) for filing (Check proper box	Big Spring, Texas	Other (Please explain)	
New Well Recompletion Change in Ownershi X	Change in Transporter of: O:i Dry Casinghead Gas Cond	Gas ensate	
If change of ownership give name and address of previous owner	Petroleum Corporation o	f Texas, P.O. Box 752	Breckenridge Texas
DESCRIPTION OF WELL AND Lease Name Welch Duke State	Well No. Pool I	Name, Including Formation Artesi een Grayburg San Andres	
Location Unit Letter D; 28	8 Feet From The North L	ine and 272 Feet Fr	om The West
Line of Section 28 To	wnship 18S Range	28Е , ммрм,	Fddy Count
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Of Water Inject	ion Well	Address (Give address to which ap	oproved copy of this form is to be sent) oproved copy of this form is to be sent)
Name of Authorized Transporter of Ca If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When
If this production is commingled we COMPLETION DATA	ith that from any other lease or poo	1, give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Re
Designate Type of Completi			P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B. 1.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, A CASING & TUBING SIZE	ND CEMENTING RECORD DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		
	COD ALLOWARIE (T.	a often recovery of total volume of load	oil and must be equal to or exceed top a
TEST DATA AND REQUEST FOIL WELL	able for this	depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	Choke Size
Length of Test	Tubing Pressure	Casing Pressure Water-Bbls.	Gas - MCF
Actual Prod. During Test	Oil-Bbls.		
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 COMPLIA	NCE	OIL CONSE	RVATION COMMISSION

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.

David Day		
(Signature)	David Da	ry:
Chief Production Clerk		
(Title)		
May 18, 1966_		
(Date)		

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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