NO. OF COPIES REC	14		
DISTRIBUTION			
SANTA FE		17	
FILE		1-	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	Z	
	GAS		
OPERATOR			
PRORATION OF			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

511.5	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE /-		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS
LAND OFFICE			
TRANSPORTER OIL			
GAS			
OPERATOR /			
PRORATION OFFICE			
Operator			
Quasar, Incorpo	rated		
Address	12.00		
D O D 055	Marana and Marana		
P. O. Box 266.	Evansville, Indiana	To:L. 702	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Weli	Change in Transporter of:	<u>_</u>	
Recompletion	Oil Dry Go	as 🔛	
Change in Ownership	Casinghead Gas Conder	nsate 🔲   Change of operat	ing name
If change of ownership give name p	C Dayoust Company	, P. O. Box 266, Evansv	ille Indiana
and address of previous owner	. C. Davoust Company	, P. O. BOX 200, EVENISV	ille, ilidialia
II. DESCRIPTION OF WELL AND L	EASE		
Lease Name	Well No. Pool Name, Including F	§	<del></del>
McKee Wilson	1 Turkey Track C	Queen Grayburg 3000 Federal	XXXX VM 015068
Location			
F 221	O North	. 1090	. Wast
Unit Letter F; 231	O Feet From The North Lin	ne and 1980 Feet From T	the West
24	10		۵. ـ
Line of Section 34 Town	ship 18 Range 2	29 , <sub>NMPM</sub> , <b>Ed</b>	Qy County
II. DESIGNATION OF TRANSPORTI	ER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)
	<del>_</del>		
Continental Oil Compa	ny	Ponca City, Oklahoma	The second second
Name of Authorized Transporter of Casin	nghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent;
None			
	Unit K   Sec.   Twp.   Rge.	Is gas actually connected? Whe	n
If well produces oil or liquids, give location of tanks.	¢ 34 18 29	no	
<u> </u>		<u> </u>	
If this production is commingled with	that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA		<del></del>	
Doni	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
Designate Type of Completion	= (A)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Lievations (DF, RRB, RI, GR, etc.)	value of Floracing 1 officiation	Top On, ous Pu,	
Perforations			Depth Casing Shoe
	TUBING CASING AND	D CEMENTING RECORD	
UOL E 617E	TUBING, CASING, AND		
HOLE SIZE			SACKS CEMENT
1	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			SACKS CEMENT
	CASING & TUBING SIZE	DEPTH SET	
	CASING & TUBING SIZE  R ALLOWABLE (Test must be a	DEPTH SET	
OIL WELL	CASING & TUBING SIZE  RALLOWABLE (Test must be a able for this de	DEPTH SET  Ifter recovery of total volume of load oil of the copy of the copy of total volume of load oil of the copy of the c	and must be equal to or exceed top allow-
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OIL WELL Date First New Oil Run To Tanks	CASING & TUBING SIZE  RALLOWABLE (Test must be a able for this de	DEPTH SET  Ifter recovery of total volume of load oil of the copy of the copy of total volume of load oil of the copy of the c	and must be equal to or exceed top allow:
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(Signatury) Petroleum Engineer

(Title)

January 1, 1967 (Date)

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 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.