NO. OF COPIES RECEIVED				
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SANTA FE		1		
FILE		i	٠.	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	i		
	GAS	1		
OPERATOR		J		
PRORATION OFFICE				

DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C=104 involve for allow- a Supersedes Old C=104 and C=110	
U.S.G.S.		AND NSPORT OIL AND NATURAL GA	Effective 1-1-65	
LAND OFFICE IRANSPORTER OIL	JAN 5 1973	THE THE THE TATORIAL OF		
OPERATOR			and the second s	
PROPATION OFFICE Operator	O. C. C.			
Reading & Bate	s Oil and Gas Company 🗸			
810 N. Dixie B Reason(s) for filing (Check proper box)	lvd., Room 202, Odessa,	Other (Please explain)		
New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden		or Name eddacudyc From Reading & Dutes, De	
If change of ownership give name and address of previous owner	Conden	<u>:</u>	· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL AND L	EASE	•		
Lease Name Simms-Federal	Well No. Pool Name, Including Fo		or Fee Federal LC-02897	
Location				
			Eddy County	
			suu y ooa,	
Name of Authorized Transporter of Oil	x or Condensate	Address (Give address to which approve	!	
Texas-New Mexico Pipe Name of Authorized Transporter of Cast			S 79701 ed copy of this form is to be sent)	
Phillips Petroleum Com	pany Unit Sec. Twp. Rge.	Adams Building, Bartles	· · · · · · · · · · · · · · · · · · ·	
If well produces oil or liquids, give location of tanks.	C 34 18S 30E	Yes	1961	
If this production is commingled with V. COMPLETION DATA	that from any other lease or pool, i	give commingling order number:		
Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
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	abing Depth	
Perforations		Depth Casing Shoe		
		CEMENTING RECORD	CARLE OF ALTAUT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST FO	able for this de	fter recovery of total volume of load oil a pth or be for full 24 hours)	1.0	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
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	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. CERTIFICATE OF COMPLIANC	E	OIL CONSERVA FEB 1 4 197	TION COMMISSION	
I hereby certify that the rules and re Commission have been complied w.	ith and that the information given	APPROVED	, 19	
above is true and complete to the	best of my knowledge and belief.	OIL AND GAS INSPECTOR		
<i></i>		TITLE		
Par O L. Farrow		This form is to be filed in compliance with ROUND 1900. If this is a request for allowable for a newly delibed or deeper a		

(Signature)

Production Superintendent (Title)

January 3, 1973

(Date)

well, this form must be accompanied by a 2- tests taken on the well in accordance with

dan bara ayanad aya da ma davistiya

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