Í	NO. OF COPIES RECEIVED 5	· · ·		
	DISTRIBUTION SANTA FE	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S. REIFIGEIZAYION TO TRANSPORT OIL AND NATURAL GAS			
	LAND OFFICE			
	TRANSPORTER GAS I	JAN 5 1973		
	OPERATOR			
1.	PRORATION OFFICE O. C. C. Operator ARTESIA, OFFICE			
	Reading & Bates Oil and Gas Company			
ĺ	810 N. Dixie Blyd., Room 202, Odessa, Texas 79761			
	Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well Change in Transporter of: Change of Operator Name effective Recompletion Oil Dry Gas January 1, 1973 from Reading & Dates, IT			
	Change in Ownership	Casinghead Gas Conden		,,,,
	If change of ownership give name	<u></u>		
	and address of previous owner		•••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·
II. ,	DESCRIPTION OF WELL AND I		-	·
	Simms-Federal	Well No. Pool Name, Including Fo 4 North Benson C	Circle Deduced	
Simms-Federal 4 North Benson Queen Grayburg State, Federal LCO				Federal [LOO20970-1
	Unit Letter D;660Feet From TheNorth_Line and610Feet From TheWest			
	Line of Section 34 Tow	mship 185 Range	30е , ммрм, е	ddy County
II .	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oli	CER OF OIL AND NATURAL GA Image: Second ensate in the second ensecond ensate in the second ensate in the second enseco	S Address (Give address to which approve	ed copy of this form is to be sent)
	Texas-New Mexico Pipe Line Co.		Box 1510, Midland, Texas 79701	
	Name of Authorized Transporter of Casinghead Gas 💭 or Dry Gas 🦳 Address (Give address to which approved copy of this form is to be sent)			
	Phillips Petroleum Con if well produces oil or liquids,	Unit Sec. Twp. Rge.	Adams Building, Bartles is gas actually connected? When	
	give location of tanks.	C 34 18S 30E	Yes	12-27-61
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	
	Designate Type of Completio	oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	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
	Perforations	Perforations Depth Casing Shoe		
}	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
•				
v.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)			
Í			Producing Method (Flow, pump, gas lift	, eic.) ,
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Length of Test			
	Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	Gas-MCF
ļ				
	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)	Choze Size
				_
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED FEB 1 4 1973	
	Commission have been complied w above is true and complete to the	with and that the information given best of my knowledge and belief.	BY_W. a. Aressit	
			TITLE OIL AND GAS INSPEC	ТОн
	P. 0.7		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a nowly drilled or compared well, this form must be accompanied by a tabulation of the deviced tests taken on the well in accordance with RULE 111.	
-	(Signature)			
	Production Superintendent			
•	(Title)		All sections of this form must be filled out completely for allows able on new and recompleted wells.	
	January 3, 1973	ite)	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	