| NO. OF COPIES RECEIVED  | -   | х  |  |
|---|---|--|--|
| DISTRIBUTION SANTA FE   |   | ONSERVATION COMMISSION<br>FOR ALLOWABLE<br>AND                         | Form C-104<br>Supersedes Old C-104 and C-1<br>Effective 1-1-65 |
| U.S.G.S.  | AUTHORIZATION TO TRA  | NSPORT OIL AND NATURAL G   | AS<br>RECEIVED   |
| IRANSPORTER GAS   |   |  |  |
| Operator  |   |  |  |
| American Petrof   | ina Company of Texas  |  | O. C. C.   |
| P. O. Box 1311.<br>Reason(s) for filing (Check proper box)              | Big Spring, Texas<br>Change in Transporter of:                            | Other (Please explain)   |  |
| Recompletion Change in Ownershi   | Cul Dry Gas<br>Casinghead Gas Conden                                      |  |  |
| If change of ownership give name<br>and address of previous owner       | Petroleum Corporation of  | Texas, P. O. Box 752 B   | reckenridge Texas  |
| DESCRIPTION OF WELL AND<br>Lease Name                                   | LEASE Well No. Pool Nac   | ne, Including Formation Artesia  | Kind of Lease  |
| Venture State #   | <u>647</u> 306 <b>Q</b> ueer  | n Grayburg Sar, Andres   | State, Federal or Fee State                                    |
| Unit Letter ; 821   | 0Feet From The_ <u>North</u> _Line  | e and <u>1180</u> Feet From T  | he East  |
| Line of Section 28 Tow  | vnship 18S Range  | 28E , NMPM, Ed   | dy County  |
|   |   | <u> </u>   |  |
| <b>DESIGNATION OF TRANSPOR</b><br>Name of Authorized Transporter of Oil | TER OF OIL AND NATURAL GA           X         or Condensate               | Address (Givé address to which approv                                  |  |
| Continental Pipe Li.<br>Name of Authorized Transporter of Cas           |   | Carper Building Ar<br>Address (Give address to which approv            |  |
| Name of Authorized Transporter of Cas<br>None                           | anghedd Gds [ or Dry Gds [_]  |  |  |
| If well produces oil or liquids,  | Unit Sec. Twp. Rge.   | Is gas actually connected? Whe   | 1  |
| give location of tanks.   | A 28 18S 28E  | No   |  |
| If this production is commingled with COMPLETION DATA                   | th that from any other lease or pool,                                     | give commingling order number:   |  |
| Designate Type of Completio   | Dil Well Gas Well   | New Well Workover Deepen   | Plug Back Same Res'v. Diff. Res                                |
| Date Spudded  | Date Compl. Ready to Prod.  | Total Depth  | P.B.T.D.   |
| Pool  | Name of Producing Formation   | Top Oil/Gas Pay  | Tubing Depth   |
| Perforations  |   | 1  | Depth Casing Shoe  |
|   | TUBING, CASING, AND   | CEMENTING RECORD   |  |
| HOLE SIZE   | CASING & TUBING SIZE  | DEPTH SET  | SACKS CEMENT   |
|   |   |  |  |
|   |   |  |  |
| TEST DATA AND PEOUEST F   | OR ALLOWABLE (Test must be a)   | ter recovery of total volume of load oil a                             | nd must be equal to or exceed top al                           |
| OIL WELL<br>Date First New Oil Run To Tanks                             | able for this de  | pth or be for full 24 hours)<br>Producing Method (Flow, pump, gas life |  |
|   |   |  |  |
| Length of Test  | Tubing Pressure   | Casing Pressure  | Choke Size   |
| Actual Prod. During Test  | Oll-Bbls.   | Water - Bbls.  | Gas-MCF  |
|   |   | <u> </u>   |  |
| GAS WELL<br>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   |
| CEDTIEICATE OF COMBULAN   | <br>CF  |  | TION COMMISSION  |
| CERTIFICATE OF COMPLIANCE   |   | APPROVED JUN 2   | 1966   |
| I hereby certify that the rules and                                     | regulations of the Oil Conservation                                       | APPROVED   |  |
| Commission have been complied y   | with and that the information given<br>e best of my knowledge and belief. | BY MX CAMULIC  | 74   |
|   |   | TITLE  | 7/0  |
| $\wedge$  | $\sim$  | This form is to be filed in c  |  |
| David Day   |   | If this is a request for allow   |  |

David Day

(Signature) (Signature) D Chief Emoduction Clerk

 $\frac{(Title)}{(Date)} = \frac{1365}{(Date)}$ 

| If this is a request for allowable for a newly drilled or deepen   | ea  |
|--|-----|
| well, this form must be accompanied by a tabulation of the deviati | ion |
| tests taken on the well in accordance with RULE 111.               |     |
|  |     |

All sections of this form must be filled out completely for allow-able 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-1(4 cost 1 filed for each pool in multiply