| NG. O. COPIES NEC | Elv.o | ı | |
|-------------------|-------|---|--|
| DISTRIBUTIO | ON | 1 | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| | | | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

| | | | |
|--|--|--|---|
| U.S.G.S. | AUTHORIZATION TOR | RENSPORTION SINETHATUR | RAL GAS |
| LAND OFFICE | | | |
| TRANSPORTER GAS | - | APR 2 1971 | |
| OPERATOR | | WI W 5 13/1 | |
| PRORATION OFFICE | | _ | |
| Operator Operator | | _ 0. C. C. | |
| Kewanee Oil Compan | v | ARTESIA, OFFICE | |
| Address | <i>y</i> | | |
| P. O. Box 3786, Od | essa, Texas 79760 | | |
| Reason(s) for filing (Check prop | per box) | Other (Please explain |) |
| New Well | Change in Transporter of: | | |
| Recompletion | Oil Dry | Gas | |
| Change in Ownership | Casinghead Gas Con | densate | |
| f change of ownership give n | ame | | |
| and address of previous owner | | | |
| DESCRIPTION OF WELL | AND I FASE | | |
| Lease Name | Well No. Pool Name, Including | Formation Kind of | Lease Lease ! |
| Jones "D" | 3 Atoka Grayb | urg State, I | Federal or Fee Fee |
| Location | | | |
| Unit Letter H; | 1650 Feet From The North | ine and 890 Feet | From The East |
| 10 | 7.00 | | |
| Line of Section 13 | Township 18S Range | 26Е , ммрм, Ес | ldy Coun |
| | | | |
| DESIGNATION OF TRANS Name of Authorized Transporter | of Oil or Condensate | | approved copy of this form is to be sent) |
| Name of Admortzed Transporter | of Condensate | Address force underess to which | approved sopy of this form is to be sent) |
| Name of Authorized Transporter | of Casinghead Gas or Dry Gas | Address (Give address to which | approved copy of this form is to be sent) |
| or manorized franceporter | 5. 2., 0db | The same of the sa | |
| *** | Unit Sec. Twp. Rge. | Is gas actually connected? | When |
| If well produces oil or liquids, give location of tanks. | | • | |
| | | 1 | ··· |
| t this production is comming: | ed with that from any other lease or poo | i, give commingling order number | |
| | Oil Well Gas Well | New Well Workover Deep | en Plug Back Same Res'v. Diff. Re |
| Designate Type of Com | $\begin{array}{c c} pletion = (X) & X \end{array}$ | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| 2-16-71 | 3-5-71 | 1,116' | 1,063' |
| Elevations (DF, RKB, RT, GR, e | etc.; Name of Producing Formation | Top Oll/Gas Pay | Tubing Depth |
| 3288' GR. | Grayburg | 990' | 1.010' |
| - / | | | Depth Casing Shoe |
| Perforations | | | 1 7 7761 |
| • • | , 37 & 38' | | 1,116' |
| 990, 1,032, 34, 36 | | ND CEMENTING RECORD | 1,116' |
| 990, 1,032, 34, 36 | TUBING, CASING, A CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 990, 1,032, 34, 36 | TUBING, CASING, A CASING & TUBING SIZE 7" | 916' | |
| 990, 1,032, 34, 36 | TUBING, CASING, A CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 990, 1,032, 34, 36 | TUBING, CASING, A CASING & TUBING SIZE 7" | 916' | SACKS CEMENT |
| 990, 1,032, 34, 36 | TUBING, CASING, A CASING & TUBING SIZE 7" | 916' | SACKS CEMENT |
| 990, 1,032, 34, 36 | TUBING, CASING, A CASING & TUBING SIZE 7" 5-1/2" ST FOR ALLOWABLE (Test must be | 916' 1,116' after recovery of total volume of loc | SACKS CEMENT 350 200 |
| 990, 1,032, 34, 36 HOLE SIZE 9" 9" 9" | TUBING, CASING, A CASING & TUBING SIZE 7" 5-1/2" ST FOR ALLOWABLE (Test must be able for this | DEPTH SET 916' 1,116' after recovery of total volume of loadepth or be for full 24 hours) | SACKS CEMENT 350 200 ad oil and must be equal to or exceed top a |
| 990, 1,032, 34, 36 HOLE SIZE 9" 9" | TUBING, CASING, A CASING & TUBING SIZE 7" 5-1/2" ST FOR ALLOWABLE (Test must be able for this Date of Test | after recovery of total volume of loadepth or be for full 24 hours) Producing Method (Flow, pump, | SACKS CEMENT 350 200 ad oil and must be equal to or exceed top a |
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| HOLE SIZE 9" 9" 9" TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tank | TUBING, CASING, A CASING & TUBING SIZE 7" 5-1/2" ST FOR ALLOWABLE (Test must be able for this Date of Teet 3-11-71 Tubing Pressure | after recovery of total volume of loadenth or be for full 24 hours) Producing Method (Flow, pump, Pump Casing Pressure | SACKS CEMENT 350 200 ad oil and must be equal to or exceed top a gas lift, etc.) Choke Size |
| HOLE SIZE 9" 9" 9" TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tank | TUBING, CASING, A CASING & TUBING SIZE 7" 5-1/2" ST FOR ALLOWABLE (Test must be able for this Date of Test 3-11-71 Tubing Pressure Open | after recovery of total volume of loadepth or be for full 24 hours) Producing Method (Flow, pump, | SACKS CEMENT 350 200 ad oil and must be equal to or exceed top a gas lift, etc.) |
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