DISTRIBUTION		SERVATION COMMISSION	Form C-104 Supercodes Oth C-104 and C-110				
SANTA FE		OR ALLOWABLE	RECEIVED BY e 1-1-65				
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA					
LAND OFFICE	AUTHORIZATION TO REA		<b>DEC 05</b> 1983				
TRANSPORTER OIL			Q. C. D.				
GAS CAL			ARTESIA, OFFICE				
PRORATION OFFICE	-	L					
Creator	1						
Robert N. Enfield 🗸		•					
P.O. Box 2431, Sant	a Fe, NM 87501						
Reason(s) for filing (Check proper box,	)	Other (Please cxplain)					
tiew Well	Change in Transporter of:						
Intercompletion X Change in Ownership	Oil Liv Cas Casinghead Gas Dondens						
If change of ownership give name and address of previous owner							
L DESCRIPTION OF WELL AND	LEASE R-7668 Ami Draw						
Lease Name	i ease No. Well No.; Pool Name	e, Including Fermation <del>Ignated</del> Atoka <b>Gas</b>	Kind of Lease State, Federal or Fee Fee				
Walters	1 Chaesa	Bildter Atoka Wis					
Location B 660	)Feet From The_NorthLine	and 1980 Feet Fr	om TheEast				
Line of Section 7 To	wnship 19 South Bange 27	7 East , MMPM,	Eddy County				
DECICY VETON OF TRANSPOR	TER OF OIL AND NATURAL GAS	S	I and this form is to be continued				
Name of Authorized Transporter of Oi			pproved copy of this form is to be sent)				
Navajo Crude Oil Pur	rchasing Co.	P.O. Drawer 175, A	rtesia, NM 88210 pproved copy of this form is to be sent) Bldg, Suite 1800 27(2)				
Gas Company of New 1	Movico	DALLAS, TX /D	3/0				
If well produces cil or liquids,	Unit Sec. Twp. Eqe.	is gas actually connected? Yes	When 14 11-15-83				
give location of tanks.	· · · · · · · · · · · · · · · · · · ·						
If this production is commingled w	ith that from any other lease or pool, (						
V. COMPLETION DATA	Oil Well Gas Vell	New Well Workover Deepe X	X X				
Designate Type of Completi	$\operatorname{Ion} - (\Lambda)$ $\operatorname{Ion} - \Lambda$	Total Depth	P.B.T.D.				
Date Spudded 4/17/83	Date Compl. Ready to Prod. 11/ <del>15/83</del> 7-78 4	9966'	<u>9695' 9478</u>				
Elevations (DF, RKB, RT, CR, etc.,	Name of Freducing Formation	Top CH/Gas Pay	Tubing Depth 9634				
3274.1 GR	Atoka	9510	Depth Cosing Shoe				
Perforations 9310'. 11, 12, 13,	14, 15, 16, 17, 18, 19, a	nd 9320'	RBP 9498				
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE	300'	325 sx C1 C				
$17\frac{1}{2}$ "	8_5/8"	2200'	650 sx Howco It & 200 sx C1 C				
11" 7-7/8"	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	9966'	1100 sx C1 H				
	2-3/8"	<u>19634</u>	id oil and must be equal to or exceed top allow				
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (lest must be a able for this de	epth or be for full 24 hours)	nd oil and must be equal to or exceed top allow				
Date First New Oil Run To Tanks	Date of Test	Freducing Method (Flow, pump,	gas lift, ellis				
	Tubing Pressure	Casing Pressure	Choke Size				
Length of Test			Gas-MCF				
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.					
		1					
GAS WELL		1	Gravity of Condensate				
Actual Prod. Test-MCF/D	Length of Test One hour	Bbls. Condensate/MMCF TSTM	Unknown				
810 Testing Method (pitot, back pr.)	Tubing Pressure SITP 3300	Casing Pressure	Choke Size				
Multi Point back pressure	FTP 530	Packer	22/64				
VI. CERTIFICATE OF COMPLIA	INCE		1 6 1983				
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		BYE Original Signed By					
above is true and complete to	the best of my knowledge and belief.	Lesile	sor District II				
Il at fin	4/		ed in compliance with RULE 1104. r allowable for a newly drilled or deepene				
1 Alit 15	ignature)	well, this form must be ac	If this is a request for allowable for a newly different of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
aluala		All sections of this fo	orm must be filled out completely for allow				
	(Title)	able on new and recomple	e at the and MI for changes of owne				
12-1- 8	(Date)	I wall name or numper. Of the	ansporter, or other such change of condition 4 must be filed for each pool in multip				
	· · · · · ·	Separate Forms C-10	A WART DE THEN TOT ERCH POOT TH HIGHER				

well name or number	, or tran	sporte	er, or	other	such o	change	or conditie	1110
Separate Forms	C-104	must	Ъe	filed	for ea	ch pool	l in multip	ly
Depe								

completed wells.