	DISTRIBUTION SANTA FE	NEW MEXICO OIL CO REQUEST F	DNSERVATION COME JION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
	FILE . /		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	S	
}	LAND OFFICE			00T 1 1 631	
}	IRANSPORTER GAS /			~	
	OPERATOR				
1.	PRORATION OFFICE				
	Robert N. Enfield /				
	Alimens				
	P. O. Box 2431, Santa	Fe, New Mexico 87501	Other (Please explain)		
ļ	Reason(s) for filing (Check proper box)	Change in Transporter of:	O.Her (1 Tease Chara)		
	hecompletion	Oil Dry Gas	; [<u> </u>		
	Thinge in Cyneiship	Casinghead Gas Conden	sate $[\overline{X}]$		
	If change of ownership give name				
and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE					
11.	Leane Name	Lease No. Well No. Hool Nam		Kind of Lease	
	West Indian Basin Unit l Indian Basin-Upper Penn Gas State, Federal Confee Federal				
	Location N 660 South Line and 1980 Feet From The West Unit Letter Feet From The South Line and Peet From The Feet From The South Line and Peet From The South L				
	Unit Letter N 000	Feet From TheLine	e and Peet From Th	e	
	Line of Section 17 Tow	nship 21 South Runge 2	3 East , MAPM, I	Eddy County	
HI.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S	d conv of this form is to be sent!	
	The Permian Corporation Time of Authorized Transporter of Oil or Condensate X The Permian Corporation Time of Authorized Transporter of Casinghead Gas or Diy Gas X Marathon Oil Company, Operator, Indian Basin Gas Plant and Gathering System When If well produces oil or liquids, give location of tarks. Address Give address to which approved copy of this form is to be sent) Address Give address to which approved copy of this form is to be sent) P. O. Box 1324, Artesia, New Mexico Plant and Gathering System If well produces oil or liquids, give location of tarks. N 17 21 23 Ves 1-26-66				
give location of tanks. $N = 17 = 21 = 23$ $V=5 = 1-2$				1-26-66	
If this production is commingled with that from any other lease or pool, give commingling order number:					
IV.	COMPLETION DATA		New Well Workover Deeper.	Plug Back Same Resty, Diff. Resty.	
	Designate Type of Completio	n = (X)			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Sept. 30, 1963	Dec. 10, 1963 Name of Producing Formation	9025' Top Cil/Gas Pay	7692 Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.,	Cisco-Canyon dolo	7355-7500'	7350'	
	4047' DF Perforations	Cisco-Canyon dolo	7333 7300	Depth Casing Shoe	
7396-7402, 7412-22, 7428-36, 7444-50					
		TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	300 sacks	
	17½" 12½"	13-3/8" casing 9-5/8" "	1574'	920 ''	
	8-3/4"	5-1/2" "	7692'	300 "	
			<u> </u>		
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Cli Run To Tanks Date of Test				
	Liste Filst New Cir Hair 10 1 dine		:	Chake Size Apartid Aparts	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Water-Bbls.	Gas-MCF	
	Actual Prod. During Test	Oii-Bbls.	water - pols.		
GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bris. Condensate/MMCF	Gravity of Condensate	
			Casing Pressure	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Chord City	
	OF COURT IN	OF.	OII CONSERVA	TION COMMISSION	
VI	. CERTIFICATE OF COMPLIAN	CE	OCT 1 3 1981		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED		
			BY W. C. Gressett		
	above is time and complete to the		TOTAL PROPERTY OF THE STRICT II		
	D. A1/	7	TITLE Strand, Districted as This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. 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.		
	Kal VII 7	Marin			
		dture)			
	Operator Operator				
	(T)	ile)			
	October 5, 1981				
	(D	ate)	Separate Forms C-104 must	Separate Forms C-104 must be filed for each pool in multiply	
ii			completed wells.		