					ı.
NO. OF COPIES RECEIVED 5	<b>-</b> / 25			<del></del> .	
· DISTRIBUTION	<u> </u>				
SANTA FE	→	NEW MEXICO OIL			Form C-104
FILE /_		REQUEST	FOR ALLOWAR	LE	Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.			AND		
LAND OFFICE	AUTHO	RIZATION TO TR	ANSPORT OIL A	ND NATURAL GAS	
OIL					
TRANSPORTER					
GAS					
OPERATOR 2					
PRORATION OFFICE /	į	<del></del>			
				F	RECEIVED
Kerr-McGee Uil Indus	tries, Inc.	<del></del>			
					MAD 0 0 1005
Box 1347, Odessa, Tex	xas				MAR 2 2 1965
Reason(s) for filing (Check proper bo			Other (F	Please explain)	
New Well XX.		Transporter of:	r		O. C. C.
Recompletion	Oil	Dry G	as		ARTESIA, OFFICE
Change in Ownership	Casinghead	d Gas Conde	ensate		
If change of ownership give name and address of previous owner		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
DESCRIPTION OF WELL AND	LEASE				
Lease Name		Well No. Pool No	ame, Including Forma	tion Ki	nd of Lease
Martha Creek		1 In	dian Basin (	Upper Penn) St	ate, Federal or Fee Federal
Location			Carati Sabiti (	opper rettity	rederar
Unit Letter J ; 155	50 = -	- South	1650		East
Unit Letter;	Feet From	TheLi	ne and 1000	Feet From The	Lasc
Line of Section 30	ownship 21 S	5 Banas 24	. E , ,	мрм, Eddy	
Since of election 20 10	JWHSHIP EX C	- Nulige 24	, 1	IMPM, Eddy	County
DESIGNATION OF TRANSPOR	PYED AE AIL /	AND MATRIDAL C	10		
Name of Authorized Transporter of O	or Cor	ndensate	Address (Give add	ress to which approved o	copy of this form is to be sent)
Well shut in - No tra	<del></del>		( 310 3 10 3	and the section appropriate	opy of this form is to be sently
Name of Authorized Transporter of Co		or Dry Gas	Address (Give add	tess to which approved	copy of this form is to be sent)
Well shut in - No tra	_	o. 21, 545	11441000 (0000 4444	reas to which approved t	opy of this form is to be sent)
	Unit   Sec.	Twp. Rge.	Is gas actually cor	nnected? When	
If well produces oil or liquids, give location of tanks.	ne Set	, rwpr , riger			
-			No	~	't know
If this production is commingled w	ith that from any	other lease or pool,	give commingling	order number:	
COMPLETION DATA	101	Well Gas Well	New Well Works	over Deepen Pl	ug Back   Same Res'v. Diff. Res'v.
Designate Type of Completi	ion = (X)		i i	Deepen Pi	ug Back   Same Res'v.   Diff. Res'v.
	i	X	X	<u> </u>	1 1
Date Spudded	Date Compl. Re	•	Total Depth	P.	B.T.D.
1-6-65	3-1-65		9572		9471 •
Pool	Name of Produc	-	Top Oil/Gas Pay	.	bing Depth
Indian Basin	Upper Pe	Upper Penn			7271 •
Perforations				De	pth Casing Shoe
7334-59', 7354-94' an	id 7422-44!	GR			9522¹ RKB
	TU	IBING, CASING, AN	D CEMENTING RE	CORD	
HOLE SIZE		& TUBING SIZE	1	H SET	SACKS CEMENT
171."	13 3/8"	13 3/8" OD		B' RKB	250
1 2½"		9 5/8" OD		2' RKB	·1575
8 3/4"				2 RKB	400
	2 3/8"		7271		
TEST DATA AND REQUEST F			·		nust be equal to or exceed top allow-
OIL WELL	OIV IILLOUAD	able for this de	pter recovery of total opth or be for full 24 i	vocume oj toda oti and n hours)	must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test			Flow, pump, gas lift, etc	:.)
		•	,	• •	
Length of Test	Tubing Pressure		Casing Pressure	Ch	oke Size
-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 1 hour 20 60.0 Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size 2091 psig

Water-Bbls.

packer

## Back Pr. I. CERTIFICATE OF COMPLIANCE

Actual Prod. During Test

II.

V.

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.

Oil-Bbls.

 $\alpha \cap \alpha \cap \alpha$ (Signature)Engineer (Title)March 17, 1965 (Date)

OIL CONSERVATION COMMISSION

Gas - MCF

20/64"

APR 2,9 1965

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 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-104 must be filed for each pool in multiply completed wells.

MAR 2 2 1965

Kerr-McGee Gil Industries, Inc.

Martha Creek No. 1
Unit J, 1650' FSL & 1650' FEL Section 30-T21S-R24E

Eddy County, New Mexico

D. C. C. ARTESIA, DEFICE

Depth	Degrees	Depth	Doomoon
200'	<del>1</del>	6062	Degrees 1-3/4
650 <b>'</b>	3/40	6246 <b>'</b>	1-1/20
1050'	3/40	64641	1-3/40
1630'	1 0	6717'	1-3/4
1995	î°	6984 <b>'</b>	2-3/4
2390	3/4°	7230'	3
2920	1-1/40	7453 <b>'</b>	30
34041	1-3/40	7880 <b>'</b>	2-1/40
3660 <b>'</b>	1-3/40	7996 <b>'</b>	1-1/2
3900'	$1-1/2^{\circ}$	8117'	20
4160'	10	8224'	2-1/40
4360'	1-1/40	8325 •	2-3/40
4571 <b>'</b>	10	8416'	2-1/4
4750 <b>'</b>	1-3/4	8728'	3/40
4979 <b>'</b>	2-374 <sup>0</sup>	9035 •	10
5036	20	9215'	10
5135'	2-1/20	9436'	3//0
5227 <b>'</b>	2-3/4	9572	3/40
5319'	2-1/20	,,, <u>,,</u>	1
54461	2-1/2		
· 5540'	2-1/20		
5652	30		
5819'	2-1/2°		

EXECUTED this 17th day of March, 1965.

L. R. Boyce

STATE OF OKLAHOMA) SS

Before me the undersigned authority, on this day personally appeared L. R. BOYCE known to me to be the person whose name is subscribed to this instrument, who being by me duly sworn on oath, states that to the best of his knowledge the facts stated above are true and correct.

Subscribed and sworn to before me on this the 17th day of March, 1965.

My Commission expires: 10-6-65

Beverly Holland, Notary Public in and for Oklahoma County, Oklahoma.