1	OISTRIBUTION SANTA FE FILE	NEW MEXICO OIL C REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S. LAND OFFICE OIL	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS JUL 3 1972		
ı.	OPERATOR PRORATION OFFICE	מ. מ. מ		
	Morris R. Antweil			
	Box 2010, Hobbs, New Mexico 88240			
	Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conden	= Testing P	Authorization for
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND L	EASE		
	Randall	Well No. Pool Name, Including For Canyon-Wild		Lease Lease No.
	Unit Letter K : 1864 Feet From The South Line and 2005 Feet From The West			
	Line of Section 21 Town	nship 22-S Range	27-E , NMPM,	Eddy County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil			
			Box 1183 Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)	
	Llano, Inc.		Box 1320 Hobbs, New Mexico 88240	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 21 22S 27E	Is gas actually connected?	Immediately
	If this production is commingled with COMPLETION DATA			-
1 .	Designate Type of Completion	$\alpha = (X)$ Oil Well Gas Well X	New Well Workover Deepe	n Plug Back Same Restv. Diff. Restv.
	Date Spudded 29 Nov. 1971	Date Compl. Ready to Prod.	Total Depth 11,895'	P.B.T.D. 10,100'
	Elevations (DF, RKB, RT, GR, etc., 31.20 GL	Name of Producing Formation Canyon	Top Cil/Gas Pay 9,930	Tubing Depth 9,806 1
	Perforations 9930' - 9	947' (14 holes)		Depth Casing Since
		TUBING, CASING, AND	CEMENTING RECORD	
	17-1/211	CASING & TUBING SIZE	375	SACKS CEMENT 375 SX.
	12-1/4"	9-5/81	5445 '	1300 sx.
	8 -, 3 / 4 ' '	71	10413'	425 sx.
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	jas lift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oli-Bbis.	Water - Bbls.	Gas-MCF
	CAGNETI			
	Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Concensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANC	CE		RVATION COMMISSION
	I hereby certify that the rules and re Commission have been complied we above is true and complete to the	ith and that the information given	BY	Grisse A

Agent

30 June, 1972

(Title)

(Date)

All sections of this form must be filled out complete.; 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. Separate Forms C-104 must be filed for each pool in multiply poleted wells.

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.

TITLE .