٢	NO. OF COPIES RECEIVED		1		
ŀ			NISERVATION COMMISSION		
ł	SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110	
ł	FILE	REQUEST	AND	Effective 1-1-65	
ŀ	U.S.G.S.	AUTHORIZATION TO TRAN		15	
ł	LAND OFFICE	REC	SPORT OIL AND NATURAL GA		
ł	OIL /	Vi ban hard			
	TRANSPORTER GAS	1.000			
ł	OPERATOR	JUN			
	PRORATION OFFICE	/			
••	Operator	./ C.	. C.		
	Orla Petco, Inc	V	A DEFICE		
	Address				
	P.O. Box 953, M	lidland, Texas 79702			
	Reason(s) for filing (Check proper box)		Other (Please explain)	C MUST NOT BE	
	New Well	Change in Transporter of:	CASINGHEAD GA FLARED MITER	7-26-78	
	Recompletion	Oil Dry Gas	FLARED AFTER	EPTION TO Fule 306	
	Change in Ownership	Casinghead Gas Condens	UNLESS AN EXC	EPHION IN Pate SON	
	the second of our earthing in the name		IS OBTAINED	2-278	
	If change of ownership give name and address of previous owner		······································		
П.	DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation Kind of Lease Lease				
	Lease Name				
	Kelly	1 Herradura Bend	1 (Delawate)		
	Location			Heat	
	Unit Letter <u>D</u> ; <u>680</u>	Feet From The North Line	and <u>660</u> Feet From T	he West	
		Dec. Dec.	28E , NMPM, Ed.	due County County	
	Line of Section 5 Tow	nship 23S Range	28E , NMPM, Ed.	dy County County	
_		TO OF OF AND NATURAL CAS	2		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas P.O. Box 6301, Midland, Texas 79702 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas	Address (Give address to which approve	ed copy of this form is to be sent)	
	NONE	Unit Sec. Twp. Pge.	Is gas actually connected? When	n	
	If well produces oil or liquids, give location of tanks.	D 5 23S 28E	No		
	-	land the second s			
		h that from any other lease or pool, a			
1.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n - (X) XXXX	XXX		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	3/18/78	5/24/78	2507'	2470'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3042' G.L.	Delaware Sand	2448 Oil	2449'	
	Perforations			Depth Casing Shoe	
	2448'-2454' Two s	shots per foot			
			CEMENTING RECORD		
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	10"	8 5/8"	362'	250 sx Class "C" 2% CaCl	
	8''-6''	4 1/2**	2507 •	200 sx " " "	
	4 1/2"	2 3/8"	2449 •		
			L	<u>1</u>	
¥.	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 allow- able for this depth or be for full 24 hours)				
OIL WELL				t, etc.)	
	Date First New Oil Run To Tanks	Date of Test	Pumping		
	5/26/78	5/26/78	Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure			
	24 hrs. Actual Prod. During Test	Oll-Bbla.	Water-Bbis.	Gas - MCF	
		75	12	т <u>\$</u> тм <u>X</u>	
	g7e bbls.			l l l l l l l l l l l l l l l l l l l	
	CAC WELL				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
.		CE	OIL CONSERVA	TION COMMISSION	
VI	CERTIFICATE OF COMPLIAN		APPROVED JUN - 7 1978 15		
		regulations of the Oil Conservation			
	above is true and complete to the	e best of my knowledge and belief.			
	(TITLE SUPERVISOR, DISTRICT II		
	Jamp / C. Ratche h		This form is to be filed in compliance with RULE 1104.		
		lature)	well, this form must be accompanied by a tableton in the second s		
		v			
	Field Manag				
	(Title) June 1, 1978 (Date)		Fill out only Sections I. II. III, and VI for changes of owner, well same or number, or transporter, or other such change of condition.		
	{D	,	Separato Forms C-104 must be filed for each pool in multiply		

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