	DISTRIBUTION			
	SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE	
	FILE /	REQUEST FOR ALLOWABLE  Supersedes (Ild C-104 and C- Effective 1-1-65		
	U.\$.G.\$.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	LAND OFFICE			
	RANSPORTER GAS GAS			
	OPERATOR 2			
1.	PRORATION OFFICE			
	Operator ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (			
	Address 7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	217 North Water - Wichta, Kansas 67202			
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well Recompletion	Change in Transporter of:  Oil Dry Gas		
	Change in Ownership	Casinghead Gas Conden	7	
	X	$\gamma$	DI DIA	
	If change of ownership give name and address of previous owner	-an Cherican	Mroleum Carl	P.,
TI	DESCRIPTION OF WELL AND I	FASE		16.00
**.	Lease Name / 1 1-01	Weil No. Pool Jame, Including Fo	(1) (1)	$\mathcal{I}$
	NE. Stogback Un	I Gorseshor	State, Federal	e 7º [ Wied 0440 ]
	Location 07	5 man Marth	e and 585 Feet From T	To Wat
	Unit Letter : / S	Feet From The 110 000 Line	and SSS reet riom i	A ,
	Line of Section 14 Tow	nship 30 N Range /	6W, NMPM, Saw	uan County
	DESIGNATION OF TRANSPORT	TED OF OU AND NATI'DAL GA	ί,	)
111.	Nate of Authorized Transporter of 11	or Condensate	Advess (Give address to which approv	ed copy of this form is to be sent)
	Shell	PIPELINE CORP	Address (Give address to which approv	under, M. M.
	Name of Authorized Transporter of Cas.	inghead Gas 🗍 — of Dry Gas 🛅	Address (Give address to which approv	ea copy of this form is to be sent,
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n
	give location of tanks.	P 10 30N 16W		
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:	
14.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v
	Designate Type of Completion			P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.11.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
				Depth Casing Shoe
	Perforations			Depth Cusing ande
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				i
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, gas lif	i, etc.)
				Chake Stee
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Cil-Bbis.	Water - Bbls.	Gan-IXCFKLU
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	JUL 10			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravit dothad COM. COM
				DIST. 3
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
• • •			OIL CONSERVATION COMMISSION	
VI.	CERTIFICATE OF COMPLIANCE		JUL 1 0 1970	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Original Signed by Emery C. Arnold	
			TITLE	SUPERVISOR DIST, #8
	Olli Des alielos		This form is to be filed in compliance with RULE 1104.	
	10////	1 1/10 (d)	Inia form is to be fried in t	vable for a newly drilled or deepene

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,