OF COPTES RECEIVED	* *	# 		
DISTRIBUTION /		ONSERVATION COMMISSI	ONI Form C-104 Supersedes Old C-104 and C-110	
FILE /	REQUEST 1	FOR ALLOWABLE AND	Effective 1-1-65	
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE		JUL [1]    50	M 169 919 14 1969	
TRANSPORTER GAS		•	' 44 '69 GtG, 14 1969	
OPERATOP 1			Q. G. <b>G</b> .	
PRORATION OFFICE Operator		· · · · · · · · · · · · · · · · · · ·	ATTEMA OFFICE	
	Radio Broadessting Co	шрапу √		
Address				
Reason(s) for filing (Check proper box	oth <b>S</b> venue, Amarill	Other (Please exp	la (n)	
New We!!	Change in Transporter of:		l was a re-entry of	
Recompletion	Oil Dry Gas		Natural Gas #1 J.P. White	
Change in Ownership	Casinghead Gas Conden	sate		
If change of ownership give name				
and address of previous owner				
I. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kir	d of Lease No.	
L. E. Ranch	1 W#1deac		te, Federal or Fee	
Location	77 M 22 53 54		1	
Unit Letter 0; 060 Feet From The South Line and 1980 Feet From The East				
Line of Section 7	vnship 11-S Range	23-E , NMPM,	Chaves County	
Elife of Section 100	, and the same of			
I. DESIGNATION OF TRANSPOR	FER OF OIL AND NATURAL GA	S Address (Give address to w	hich approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil				
Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (Give address to w	7.201 hich approved copy of this form is to be sent)	
None		11	When	
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.	Is gas actually connected?	when	
<u> </u>	th that from any other lease or pool,		mter:	
V. COMPLETION DATA			4	
Designate Type of Completic	on - (X) Gas Well	New Well Workover I	Despen   Plug Back   Same Restv.   Diff. Restv.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth OTD 7/35	P.B.T.D.	
May 25, 1969	June 3. 1363	Co to 23311	22531	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations	San Andres	2155'	Depth Casing Shoe	
Single shors 2155, 2171, 2174, 2133, 2132, 2137, 2131, 2130 2138				
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	assumt sizeslated	
1.011 122	3-5/3	1595'	Cement circulated	
1-1/3"	4-1/2	2233	150 sacks	
	2-3/5" tabing	1 215.	of load oil and must be equal to or exceed top allow-	
V. TEST DATA AND REQUEST F OIL WELL	OR ALLOWABLE (lest must be a able for this de	pth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, p	imp, gas lift, etc.)	
June 14, 1949 Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hours	age age			
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
35	<u> </u>	-1-	19.5	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	) Choke Size	
Testing Method (pitot, back pr.)	rubing Pressure (Blace-Za)			
I. CERTIFICATE OF COMPLIAN	CE	OIL CO	NISERVATION COMMISSION	
		1111	_ 1 <i>A</i> _1969	
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 JULIANA, 19		
		BY		
		TITLEOIL AND GAS INSPECTOR		
Com I Ok M 1.		This form is to be filed in compliance with RULE 1104.		
( ) Mice / Millands		If this is a request for allowable for a newly drilled or deepened		
(Signature)		tests taken on the we	tests taken on the well in accordance with RULE 111.	
Agent (Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.		
July 8, 1909		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.		
(Date)		Separate Forms	well name or number, or transporter, or other such change of conditions.  Separate Forms C-:04 must be filed for each pool in multiply	
		completed wells.		