| NO. OF COPIES RECE | 15 | | | |
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| DISTRIBUTION | | | | |
| SANTA FE | | | | |
| FILE | | /- | | |
| U.S.G.S. | | | | |
| LAND OFFICE | | | | |
| TRANSPORTER | OIL | | | |
| | GAS | | | |
| OPERATOR | | 2 | | |
| PRORATION OF | | | | |
| Operator | | | | |

| | DISTRIBUTION SANTA FE FILE U.S.G.S. | REQUEST F | ONSERVATION COMMISSION FOR ALLOWABLE AND | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 |
|------|--|---|--|--|
| | TRANSPORTER OIL / | AUTHORIZATION TO TRAI | NSPORT OIL AND NATURAL (| |
| _ | OPERATOR 2 | | | RECEIVE |
| I. | Operator | l Slayton | | 15AY 1 6 1968 |
| | Address | | | 2 8 mil F |
| | Reason(s) for filing (Check proper box | East Country Club Road, | Other (Please explain) | 101 AND ESIA, OF FIGH |
| | New Well | Change in Transporter of: | | |
| | Recompletion Change in Ownership | Oil Dry Gas Casinghead Gas Conden | = 1 | |
| | If change of ownership give name and address of previous owner | H. N. Sweeney, P. O. | Box 1582, Roswell, New | Mexico 88201 |
| II. | DESCRIPTION OF WELL AND | LEASE Well No. Pool Name, Including Fo | ormation Kind of Leas | te Lease No. |
| | Diablo State | 2 Diablo-San Andr | State Feder | ol or Fee State E-7546 |
| | Location Unit Letter I ; 198 | 80 Feet From The South Line | e and 660 Feet From | The Rast |
| | | wnship 10S Range | | Thaves County |
| III | DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GA | | |
| 141. | Name of Authorized Transporter of Oil | or Condensate | Address (Give address to which appro | |
| | Scurlock Oil Company Name of Authorized Transporter of Car | singhead Gas or Dry Gas | Address (Give address to which appro | oved copy of this form is to be sent) |
| | None | Unit Sec. Twp. Rge. | Is gas actually connected? Wi | nen |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. P 16 10S 27E | No | |
| | | th that from any other lease or pool, | give commingling order number: | |
| IV. | Designate Type of Completic | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. |
| | Date Spudded | Date Compl. Ready to Prod. | X Total Depth | P.B.T.D. |
| | 6-15-67 | 11-18-67 Name of Producing Formation | 2165 Top Oil/Gas Pay | Tubing Depth |
| | Blevations (DF, RKB, RT, GR, etc.) 3854 GR | San Andres | 2075 | 2060 |
| | Perforations | | | Depth Casing Shoe |
| | None | | CEMENTING RECORD | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | 12-1/4" 6-3/4" | 10-3/4" 5-1/2" | 2071' | 3 yrd. Ready Mix |
| | | | | |
| V. | | OR ALLOWABLE (Test must be a able for this de | fter recovery of total volume of load of epth or be for full 24 hours) | l and must be equal to or exceed top allow- |
| | OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) | | | |
| | 11-18-67 Length of Test | 11-17-67 Tubing Pressure | Pumping Casing Pressure | Choke Size |
| | 24 | Oil - Bbls. | Water - Bbls. | Ggs-MCF |
| | Actual Prod. During Test 5 BO | 5 | 0 | TETM |
| | | | • | |
| | 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 |
| VI. | CERTIFICATE OF COMPLIAN | ICE | OIL CONSERV | ATION COMMISSION |
| | 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. (Signature) Clark (Title) | | TITLE 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. | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | May (L | 13 1967 Sate) | 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 completed wells. | |