Ι.	NO. OF COPIES RECEIVED 6   DISTRIBUTION 6   SANTA FE 7   FILE 7   U.S.G.S. 6   LAND OFFICE 01L   TRANSPORTER 01L   OPERATOR 27   PRORATION OFFICE 0   Operator 27   Operator 1   Address 0   P. O. Bor 416, Loco   Reason(s) for filing (Check proper box)   New Well 1   Recompletion 1   Change in Ownership	REQUEST F AUTHORIZATION TO TRAI <b>R E I</b> AP		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS
If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	mation Kind of Lease	
	Lease Name Kodly A	21 Grayburg-Jack		or FeeFLD, LC-028784-2
	Location			
	Unit Letter; 660! Feet From The Line and660! Feet From The			
	Line of Section 13 Township 17-S Range 29-3 , NMPM, Eddy County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Oil X     or Condensate     Address (Give address to which approved copy of the copy				ed copy of this form is to be sent)
			North Freeman Ave Arts	
	Navajo Refining Co., Pi Name of Authorized Transporter of Cas	inghead Gas 🝸 🛛 or Dry Gas 🦲	Address (Give address to which approv	ed copy of this form is to be sent)
	Phillips Petroleum Comp	O <b>ny</b> Unit Sec. Twp. Rge.	Phillips Building Odes	
	If well produces oil or liquids, give location of tanks.	к 24 17-3 29-3	Yes	1-12-71
If this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Weli	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio			
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	3-23-71 Elevations (DF, RKB, RT, CR, etc.)	4-11-71 Name of Producing Formation	3300' Top Oil/Gas Pay	3294 <sup>I</sup> Tubing Depth
				3270'
	3627' GL     Grayburg & San Andres     2538'     3270'       Perforations 20(2538'-48'),10(2617'-22'),2(2907'-09'),3(2923'-26')]6(2950-50     Perforations 20(2538'-48'),10(2617'-22'),2(2907'-09'),3(2923'-26')]6(2950-50     Perforations 20(2538'-48'),10(2617'-22'),2(2907'-09'),3(2923'-26')]6(2950-50       8(3013'-17'),8(3056'-60'),6(3068'-71'),8(3215'-19'),14(3232'-39'),     3299'       TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12-1/4"	8-5/8"	441' KB	100
	7-7/8"	5-1/2" 2-3/8" BUE	3299' KB 3270'	500
		2=)/840+		
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 able for this depth or be for full 24 hours)				and must be equal to or exceed top allow-
	OIL WELL Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	't, etc.)
	4-12-71	4-13-71 Tubing Pressure	Flowing	
	<u>4-12-71</u> Length of Test		Casing Pressure	Choke Size
	24 Hours Actual Prod. During Test	150//	Water - Bbls.	Gas-MCF
	1503b1:	120	30 Load	150
•				
	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	 CE		TION COMMISSION
• •			ΔPR 1 9 1071	
	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.			
			BY U. a. Gressett	
			TITLE OIL AND CAS INSPECTOR	
	Al 1051 1/2		This form is to be filed in compliance with RULE 1104.	
	W. S. Walter (Signature) District Superintendent (Tüle)		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 allow- able on new and recompleted wells.	
	April 15, 1971		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.	
	{Di	ate)		