| ~ | | - | | | | | | | |
|-----|--|--|--|------------------------------------|--|--|--|--|--|
| | DISTRIBUTION | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 | | | | | | | |
| ŀ | U.S.G.S. | S and the second s | | | | | | | |
| | TRANSPORTER OIL / | | | THM 5 × 1899 | | | | | |
| | OPERATOR / PRORATION OFFICE | ۰. | | | | | | | |
| •• | Deerator Kewanee 011 Company | | | | | | | | |
| | Address P. O. Box 2239, Tulsa, Oklahoma 74101 | | | | | | | | |
| | Reason(s) for filing (Check proper box) Other (Please explain) | | | | | | | | |
| | New Well Arrow Well Ar | | | | | | | | |
| l | Change in Ownership Casinghead Gas Condensate | | | | | | | | |
| | If change of ownership give name and address of previous owner | | | | | | | | |
| п. | DESCRIPTION OF WELL AND L | Well No. Pool Name, Including Fo | rmation Kind of Lease | Lease No. | | | | | |
| | Atoka Grayburg Unit - Tr | .2 7 Atoka Grayburg | State, Federal a | cr Fee Fee | | | | | |
| | Location Unit Letter F 165 | OFeet From TheNorthLine | e and Feet From Th | ieWest | | | | | |
| | 12 | nship 18S Range | 26E , NMPM, Edd | Y County | | | | | |
| | | ER OF OIL AND NATURAL GA | s | | | | | | |
| | Name of Authorized Transporter of Oil | or Condensate | Address (Give address to which approve | | | | | | |
| | Navajo Refining Company, Pipe Line Division North Freeman Avenue, Artesia, New Mexico 88210 Name of Authorized Transporter of Casinghead Gas (a) or Dry Gas Address (Give address to which approved copy of this form is to be sent) | | | | | | | | |
| | Phillips Petroleum Comp | Unit Sec. Twp. Rge. | P. O. Box 6666, Odessa. Is gas actually connected? When | | | | | | |
| | If well produces oil or liquids, give location of tanks. | E 13 18S 26E | Yes - | | | | | | |
| IV. | If this production is commingled wit COMPLETION DATA | h that from any other lease or pool, | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | | | | |
| | Designate Type of Completio | n = (X) | | | | | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| | Perforations | Depth Casing Shoe | | | | | | | |
| | | TUBING, CASING, AND | D CEMENTING RECORD | | | | | | |
| | HOLESIZE | | | SACKS CEMENT | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| V | TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours) DIL WELL Producing Method (Flow, pump, gas lift, etc.) | | | | | | | | |
| | Date First New Oil Run To Tanks | Date of Test | Producing Method (r tow, pump, gus the | | | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | | | |
| | Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas - MCF | | | | | |
| | | | | | | | | | |
| | GAS WELL | 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 COMPLIANCE | | OIL CONSERVATION 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. | | APPROVED | | | | | | |
| | above is true and complete to the | e best of my knowledge and belief. | BYOLAND GAS INSPECTOR | | | | | | |
| | | | This form is to be filed in compliance with RULE 1104. | | | | | | |
| | | atury | If this is a request for allowable for a newly drilled or deepened | | | | | | |
| | Chief | <u>Clerk</u> | All sections of this form must be filled out completely for allow- | | | | | | |
| | (T June 24 | ille) 1969 | able on new and recompleted wells. | | | | | | |
| | (Date) | | well name or number, or transporter, or other such change of condition well name or number, or transporter, or other such change of condition | | | | | | |

| | | | | | _ |
|------|----|---|-----|----|-----|
| comr | 51 | e | ted | we | 118 |

Separate Forms completed wells.