NO. OF COPIES REC	NO. OF COPIES RECEIVED		
DISTRIBUTION			
SANTA FE	7		
FILE	1-		
U.S.G.S.	ĺ		
LAND OFFICE			
IRANSPORTER	OIL	7	
	GAS	/	
OPERATOR	1		
PRORATION OF			
Operator			
SIMMS & REE	SE OI	LC	OM
Address 70/			
200 BOOKER	BUILD	ING	, ,
Reason(s) for filing	(Check p	roper	box
New Well			
Recompletion			
Change in Ownership	<u> </u>		
If change of owners	hip give	e nan	ne

II.

III.

IV.

DISTRIBUTION		N	EW MEXIC	0 OIL 0	ONSERVAT	ION COMM	SSION	Form C-104	
SANTA FE /	_	REQUEST FOR ALLOWABLE Supersedes Old C-104 a							
U.S.G.S.	+	ALITHODI	ZATION T	O TD	AND	NI AND 1	IATUDAL OA		
LAND OFFICE		AUTHORI	ZATIONI	IO IKA	ANSPURT (JIL AND N	IATURAL GA	RECEIV	E D
TRANSPORTER OIL /								Ph Pr	
OPERATOR /	\top)		,		
PRORATION OFFICE							,		
Operator SIMMS & REESE OIL	COMP	ANV							
Address 30/		3813		*					
200 BOOKER BUILDIN		RTESIA, NEW	MEXICO						
Reason(s) for filing (Check prop	er box)				0	ther (Please	explain)		····
New Well Recompletion		Change in Tro	ansporter of:		_	Fra	m mc H	road corp.	
Change in Ownership		Oil Casinghead G	Sas 🗍	Dry Go Conder	== 1			CH 1, 1967	
					is die		JOIL VE TRIK	011 1, 1507	
If change of ownership give no and address of previous owner									
DESCRIPTION OF WELL	AND L								
Lease Name MC CLAY		Well No. Poo	•	-		1	Kind of Lease	r Fee FEDERAL	Lease No.
Location					Q. St		State, Federal c	r Fee PEDERAL	0289780
-	191	Feet From T	•		· ·		_ Feet From Th	E	
	1-1-6-		ne	L1n			_ reet from Th	•	
Line of Section 33	Town	iship 18S	Ran	nge	30E	, NMPM,		EDDY	County
DESIGNATION OF TRANS	PORTI	FR OF OIL AN	ID NATUD	AT GA	e ·				
Name of Authorized Transporter				ML UN		ve address to	which approved	l copy of this form is to	be sent)
THE PERMIAN COR				+	P. (). BOX 3	119, MIDL		9701
Name of Authorized Transporter			or Dry Gas		ļ			copy of this form is to	be sent
PHILLIPS PETROL		Unit Sec.	Twp.	Rge.		SSA, TEX			
If well produces oil or liquids, give location of tanks.	1	1 / 33		30E	YES	ny connected		2-13-64	
If this production is commingle	ed with	that from any of	ther lease o	or pool,	give commin	gling order	number:		
COMPLETION DATA	. 1 - 4 ! -	OII W	/ell Gas	Well	New Well	Workover	Deepen	Plug Back Same Res	v. Diff. Restv.
Designate Type of Comp			<u> </u>			 			
Date Spudded		Date Compl. Read	y to Prod.		Total Depth			P.B.T.D.	
Elevations (DF, RKB, RT, GR, e	etc.j	Name of Producing	g Formation		Top Oil/Gas	Pay		Tubing Depth	
Perforations							1	Depth Casing Shoe	
<u></u>		TUR	ING CASIN	IG AND	CEMENTIN	IG PECOPI	<u> </u>		
HOLE SIZE		CASING &			T	DEPTH SE		SACKS CEM	ENT
							·····		
TEGER DAMA AND DEGUES	TEO!	D ATTOWARTS			<u>. </u>				
TEST DATA AND REQUES OIL WELL	ST FUI	K ALLUWABLI	E (Test mi able for		ter recovery o pth or be for f			i must be equal to or ex	:ceed top allow-
Date First New Oil Run To Tank	.5	Date of Test			Producing M	ethod (Flow,	pump, gas lift,	etc.)	
1 Ab A Thomas		Tubica Danasura			Casta - Dag		1	Shaha Sima	
Length of Test		Tubing Pressure			Casing Pres	Bure	,	Choke Size	
Actual Prod. During Test		Oil-Bbls.			Water-Bbls.		(Gas - MCF	
CAS WELL									
GAS WELL Actual Prod. Test-MCF/D	<u></u>	Length of Test			Bbls. Conde	nsate/MMCF	(Gravity of Condensate	-
Testing Method (pitot, back pr.)	-	Tubing Pressure (Shut-in)		Casing Pres	sure (Shut-	in)	Choke Size	
CERTIFICATE OF COMPL	JANCI		<u> </u>	•	<u> </u>	011 C	ONSERVAT	ION COMMISSION	
CLAIRICALE OF CUMPL	MANUEL	J			ļ	7111	SHOLINAT Par Ma	GT	
I hereby certify that the rules					APPROV	ED	7	<u> </u>	9
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY	W.a.	'Ires	cett				
and complete to the peat of my knowledge and penet.] 	31/h 12 h h .	ans Jaupeol	0 is			
\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc			IIILE						
W. K. I	101	nsel	7		1			npliance with RULE	
	(Signatu				well, this	form must	be accompanie	le for a newly drilled d by a tabulation of	the deviation
Yas last	-				tests take	n on the w	ell in accorda	nce 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, 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.