ĺ	NO. OF COPIES RECEIVED				
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1	SANTA FE				
	FILE				
	u.s.g.s.				
ľ	LAND OFFICE			<u></u>	
	TRANSPORTER	OIL		_	
		GAS			
	OPERATOR			<u> </u>	
	PRORATION OF	ICE	<u> </u>	<u> </u>	
1	L. R. French, Jr  Address  1204 ABC Buildin  Reason(s) for filing (Check proper bo				
	New Well	$\square$			
	Recompletion	1 1			

SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110			
FILE	AND					
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL (	185 11 7 pb			
OIL						
TRANSPORTER GAS	1					
PRORATION OFFICE						
Operator						
L. R. French, Jr.						
1204 ABC Building		Other (Please explain)				
Reason(s) for filing (Check proper box)						
New Well  Recompletion	Oil Dry Gas	Request from	occ			
Change in Ownership	Casinghead Gas Conden	sate				
If change of ownership give name			<u> </u>			
and address of previous owner						
DESCRIPTION OF WELL AND Lease Name	LEASE Lease No. Well No. Pool Nam	me, Including Formation	Kind of Lease			
Gulf State.		-Penn	State, Federal or Fee State			
Location			T. Fact			
Unit Letter A ; 660	) Feet From The North Lin	e and 660 Feet From	ine <u>rast</u>			
Line of Section 18 To	wnship 11-S Range	34-Е , ммрм,	Lea County			
TOUR OF TRANSPOR	TER OF OIL AND NATURAL GA	.s				
Name of Authorized Transporter of Ci	or Condensate	Address (Otte dadress to miss				
Service Pipe Line Cor	npany	3411 Knoxville Ave., I Address (Give address to which appr	ubbock, Texas 79413  oved copy of this form is to be sent)			
Name of Authorized Transporter of Ca Warren Petroleum Corp		Box 1589, Tulsa, Okla				
If well produces oil or liquids,	Unit   Sec.   Twp.   Rge.	Is gas actually connected?	hen			
give location of tanks.	A 18 11S 34E	Yes				
If this production is commingled war COMPLETION DATA	ith that from any other lease or pool,		Plug Back   Same Res'v. Diff. Res'v.			
Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Sume Nes V.			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Date Spaces			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Beptin			
Perforations			Depth Casing Shoe			
HOLE SIZE			SACKS CEMENT			
HOLE SIZE						
		,				
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	after recovery of total volume of load o epth or be for full 24 hours)	il 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.)			
Dute 1 het new on 11cm			Choke Size			
Length of Test	Tubing Pressure	Casing Pressure	G.1525 G.155			
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Tibles Personne	Casing Pressure	Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure	<b>333,</b>				
CERTIFICATE OF COMPLIA	RTIFICATE OF COMPLIANCE		VATION COMMISSION			
		APPROVED	APPROVED, 19			
	d regulations of the Oil Conservation I with and that the information given	BY				
above is true and complete to t	the best of my knowledge and belief.	BY	TITLE			
		TITLE				
.6 1	Λ Λ	This form is to be filed in tompliance 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.  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 filled for each pool in multiply				
1 a Conesia	gnature)					
Production Clerk						
	Title)					
Februar/11, 1966	(Date)					
·	•	Separate Forms C-104 m completed wells.	dest be tited for each poor in marcip.			