	SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-116	
	U.S.G.S.	<u>-</u>	AND CANSPORT OIL AND NATURAL	Effective 1-1-65	
	TRANSPORTER GAS	<u> </u>			
	OPERATOR				
I.	PRORATION OFFICE Operator				
	Natural Energies, Inc.				
	P. O. Box 8022, Dallas, Texas 75205				
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain)		
	Recompletion Oil Dry Gas Change In Operator Change in Ownership Casinghead Gas Condensate				
	Operator If change of ownership give name and address of previous owner	Sam Boren, 325 Park	Cities Bank Bldg.,	Dallas, Texas 75205	
NZ.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.				
	Shea-Climenko		-Pennsylvaniar floto, Fed.	Fedge 140.	
	Location System R-5001				
	Unit Letter N ; 66	50 Feet From The <u>South</u> Li			
	Line of Section To	waship II-D Range	33-E , _{NMPM} , Lea	County	
	Address (Give address to which approved copy of this form is to be sent) Amoco Production Company Name of Authorized Transporter of Casinghead Gas Control or Dry Gas Warren Petroleum Corporation If well produces of or liquide Address (Give address to which approved copy of this form is to be sent) P. O. Box 591., Tulsa, Oklahoma 74102 P. O. Box 1589, Tulsa, Oklahoma 74102				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 8 11S 33	E Yes	August 1, 1969	
₩.	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Designate Type of Completion - (X)		New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	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 CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
ļ					
	TEST DATA AND REQUEST FOOLL WELL Date First New Oil Bun To Tanks				
	Para Lupi New Oil Unit to tough	Date of Test	Froducing Method (From, pump, gas	**j*; ******j	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke.Size	
T. 6	EETIFICATE 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.

ATURAL ENERGIES, INC. (Signature President

(Title)

October 12, 1971

(Date)

Joe D. Ramey Dist. I, Supv. TITLE .

Orig. Signed by

MAR

BY

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.

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.

RECEIPED

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