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NO. OF COPIES REC	EIVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			
Harding	Brot	hers	(
Address			

ŀ	SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-116			
ŀ	FILE		FOR ALLOWABLE AND An order	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURALL G	AS.			
ľ	LAND OFFICE	AOTHORIZATION TO TRA	TO ON OIL AND HATCHAM	77 7 ' 89			
	TRANSPORTER OIL						
	GAS						
	PRORATION OFFICE						
1.	Operator	<u> </u>					
	Harding Brothers O	il and Gas Company					
	Address						
	606 Vaughn Buildin	g, Midland, Texas 79701					
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain)				
	New Well Recompletion	Oil Dry Ga:	s 🗂				
	Change in Ownership	Casinghead Gas Conden	<u></u>				
	If change of ownership give name and address of previous owner						
	·						
II.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.			
	Irene Clark	1 Vada	State, Federa	lor Fee Fee			
	Location		,				
	Unit Letter D ; 5.	Feet From The North Lin	e and 554 Feet From 1	The West			
			T.A.				
	Line of Section 13 To	vnship 95 Range	34E , NMPM, LOS	County			
ITT	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s				
i11.	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which appro-				
	Mobil Pipeline		P. O. Box 1073, Midla	nd, Texas 79701			
	Name of Authorized Transporter of Car		Address (Give address to which approx				
	Warren Petroleum Corpe		P. O. Box 1589, Tulsa Is gas actually connected? Who				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 13 9 34		pprox. 30 days			
	<u> </u>	<u> </u>					
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give comminging order number.				
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completic	1 2	X	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 9866 *	9832'			
	5-28-69 Elevations (DF, RKB, RT, GR, etc.)	7-13-69 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	4.208.2 GR	Bough "C"	9798'	THEEX 9792'			
	Perforations			Depth Casing Shoe			
	9814-17' with 4 shots			98661			
			D CEMENTING RECORD	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	3941	375xx			
	17-1/2"	13-3/8" cag. 8-5/8" cag.	4041'	200xx			
	11=1/2" 7=7/8"	4=1/2" csg.	98661	300xx			
				<u> </u>			
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 allowable for this depth or be for full 24 hours)						
	OIL WELL Date First New Oil Run To Tanks	1. VCL/II					
		7-28-69	Hydraulic Pump				
	7-27-69 Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	24 hours	1600 psig	45 psig	none Gas-MCF			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis. 250	374			
	l	334	250				
	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			
			A	ATION COMMISSION			
V1.	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			APPROVED	2 1960 , 19			
			Cake as Russian				
above is true and complete to the best of my knowledge and belief.		Geologiat					
	_		TITE	E			
	\bigcap_{i}	0.	This form is to be filed in	compliance with RULE 1104.			
	Theren D.	Kanch	To ship in a request for allo	wahle for a newly drilled or despended			
	(Sign	nature)	well, this form must be accompated tests taken on the well in accompany	anied by a tabulation of the deviation or the deviation ordance with RULE 111.			
Agent				ust be filled out completely for allow-			

All sections of this form must be able 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.

(Title)

7-30-69 (Date)