NO. OF COPIES REC	EIVED	j	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11		
	FILE	- KE40E01	AND	Effective 1-1-65		
٠.	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL G			L GAS		
	LAND OFFICE					
	TRANSPORTER OIL	The second secon	the state of the s			
	GAS					
	OPERATOR					
1.	PRORATION OFFICE					
	Operator	CAC INC				
	SOUTHWESTERN NATURAL	GAS, INC.				
	Address	Southwest Midland Torra	70701			
		Southwest - Midland, Texas	Other (Please explain)			
	Reason(s) for filing (Check proper b	Change in Transporter of:				
	Recompletion	Oil Dry Go				
	Change in Ownership	Casinghead Gas Conde				
	Change in Ownership					
	If change of ownership give name					
	and address of previous owner					
11	DESCRIPTION OF WELL AND	n LEASE	\mathcal{L} θ)		
	Lease Name	Well No. Pool Name, Including F	ormation Kind of Le	Lease No.		
	T. P. State "4"	1 Inbe (Penn)	State, Fed	leral or Fee State OG 4541		
	Location					
	1104 1 0107 / 0 . 6	60 Feet From The South Lin	ne and 2100 Feet Fro	om The East		
	Onit Cetter					
	Line of Section 4	ownship 11-South Range 3	4-East , NMPM,	Lea County		
				,		
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of C	or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)		
	Permian Corporation		P. O. Box 3119 - Mid	land, Texas 79701		
	Name of Authorized Transporter of C	Casinghead Gas . or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)		
	None - vented					
	If well produces oil or liquids,	Unit Sec. Twp. Rgs.	Is gas actually connected?	When		
	give location of tanks.	0 4 11-S: 34-E	No			
	If this production is commingled v	with that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA			Discount Comp Books Dutt Books		
	Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
		<u></u>		P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth			
	7-21-69	11-15-69	10,015 Top Oil/Gas Pay	9985 Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.,	1 _	•			
	4220 GR	Penn	9972	9603 Depth Casing Shoe		
	Perforations 0078 (7 - 0.3	75!! Holos)		10,013		
	9972 - 9978 (7 - 0.375" Holes) 10,013 TUBING, CASING, AND CEMENTING RECORD					
			DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE				
	17-1/2"	13-3/8" 8-5/8"	360 4150	350 sx - Circ. 400 sx		
1	7-7/8"	4-1/2"	10,013	400 sx		
	7-778	2-3/8"	9603			
٠. ا	TOO DATE AND DECLIFEE			oil and must be equal to be exceed top olicum		
	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)					
i	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	lift, etc.)		
	11-15-69	11-16-69	Pumping 1-1/4"			
ł	Length of Test	Tubing Pressure	Casing Pressure	Choke Size .		
	24					
ł	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
l		110	198	->94.6		
1,						
	GAS WELL					
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
ŀ						
l	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	-					
VI.	CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION		
- =•	CENTRICATE OF COMEDIA		APPROVED NOV 20 1900 19			
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED, 19			
1	Commission have been complied	with and that the information given	11) /	Mund on		
	above is true and complete to t	he best of my knowledge and belief.	BY 122 (1)	and the same		
			TITLE			
				- Name - wish - was - as -		
٠.			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			
_	to B	ennen,				
	(1) 60 (51)	ennett mature)	tests taken on the well in ac	cordance with RULE 111.		
	Color.	11-70		must 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.