			_
NO. OF COPIES RECI	EIVED	i	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Consider			

	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL O	<b>3A\$</b> ~n		
	LAND OFFICE		ہے کے بیا یا کاک	.1 39		
	TRANSPORTER OIL					
	GAS					
	OPERATOR					
1.	PRORATION OFFICE					
	Operator Scha Boxten					
	Address	A Himanu MANAS	<del></del>			
	Dox 953, Midler	<u>"</u>				
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Gas	s			
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name and address of previous owner			XI Ha,		
11	DESCRIPTION OF WELL AND I	FASE HINDESIGN	ATED			
	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Leas	e 333 Lease No.		
	Esthers C	1 No Segiet, L	State, Federa	il or Fee		
	Location	Michie Bugley-Lo	COST PENNEY OF MEAN	· · · · · · · · · · · · · · · · · · ·		
	Unit Letter		イスプラウン ( Feet From )	The Must		
	Onli Letter;	reet rom rhe	r et r rom			
	Line of Section 30 Tow	rnship 116 Range	335 , NMPM,	County		
III.	DESIGNATION OF TRANSPORT		S			
	Name of Authorized Transporter of Oil	<del></del>	Address (Give address to which appro			
	Pan American Pet.		for 1725, Midland.			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address Give address to which appro			
	Narren Pein Corp.	Unit Sec. Twp. Rge.	So 2 1859, Talsa, Ck	.en		
	If well produces oil or liquids, give location of tanks.	K 30 118 336	<b>3</b> 9to	\$con		
137	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:			
17.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completio		•			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	7~28~69	9∞23∞6€	30,400			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	4310	i. Form	2967	9752		
	Perforations	24 7 7 7 7 7	<u> </u>	Depth Casing Shoe		
	10,006 - 1	0. 326		10,400		
	20,000 3		CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		11 3/4	423	425		
	37 1/20	8 5/3	2922	450		
	9.7/8"	4.3/4	31460	500		
	7 7/82	<b>%</b> M ≥				
17	TEST DATA AND REQUEST EA	OP ALLOWARIE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allows		
٧.	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)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	6)6, 8601/		
	9=23-69	9-22-69 to 9-23-69	3000	Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			Water-Bbls,	Genevice		
	Actual Prod. During Test	Oil-Bbls.	79ð	Gas-MCF78-4		
	-					
	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 TION COMMISSION		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED 19			
			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
	Line In	La Company				
	Lieuan Jon	atwe)	Il wast this form must be accomp	anied by a tabulation of the deviation		
1/ (		tests taken on the well in acco	ordence with RULE 111.			

(Title)

(Date)

9-26-63

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