_				_		
[NO. OF COPIES RECEIVED					
Ī	DISTRIBUTIO]			
Ī	SANTA FE					
	FILE]		
	U.S.G.S.]			
	LAND OFFICE]			
	TRANSPORTER	OIL		7		
		GAS		7		
	OPERATOR			1		
ı.	PRORATION OFFICE			1		
••	Operator					
	KING RESOURCES COMPA					
	Address					
	300 Wall Towers West					
	Reason(s) for filing (Check proper box)					
	New We!l	<u>×</u>				
	Recompletion					
	Change in Ownership	P				
	If change of owners and address of prev					
11.	DESCRIPTION O	F WEL	L AND	LEA		
	Lease Name					
	Sheridan Location					
	Unit Letter	Μ	: <u>660</u>			
		••				

February 4, 1970 (Date)

1	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104			
	SANTA FE	NEGOEST FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65			
	FILE	_	AND				
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (GAS			
	LAND OFFICE						
	TRANSPORTER OIL	_					
	GAS	_	•				
	OPERATOR	_					
1.	PRORATION OFFICE						
	Operator						
	KING RESOURCES C	OMPANY					
	300 Wall Towers		S 7970] Other (Please explain)				
	Reason(s) for filing (Check proper box	Change in Transporter of:	Office (1 tease (2ptain)				
	New Well		,				
	Recompletion		ensate				
	Change in Ownership	Casinghead Gas Conde	ensure [
	If change of ownership give name						
	and address of previous owner						
		* D40D					
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including	Formation Kind of Leas	se Lease No.			
		Vada-Per	nsylvanian State, Feder	alor Fee			
	Sheridan Location	Wildcat	R-3948				
			5.00				
	Unit Letter M ; 660	Feet From The <u>West</u> L	ine and 660 Feet From	Thesouth			
	10 -) O C Banco	OO F NIMBM I	County			
	Line of Section 13 To	ownship 9 - S Range	33 - E , NMPM, Lea				
	THE RESERVE OF THE AMERICAN	TO OF OUR AND MATTERAL C	AC				
III.	Name of Authorized Transporter of Ot	TER OF OIL AND NATURAL G	Address (Give address to which appro	oved copy of this form is to be sent)			
		••					
	Mobil Pipe Line Compa	iny rsinghead Gas or Dry Gas	Address (Give address to which appro	P. O. Box 900. Dallas. Texas Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Co	isingnada das E. o. s., das E.					
		Unit Sec. Twp. Rge.	Is gas actually connected? Wi	hen			
	If well produces oil or liquids,						
	give location of tanks.	M 13 9-S 33-					
	If this production is commingled w	ith that from any other lease or pool	l, give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completi						
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded		·	0707			
	11-7-69	12-27-69 Name of Producing Formation	9787 Top Oil/Gas Pay	9787 Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	1					
		Bough "C"	9650	9510 Depth Casing Shoe			
	Perforations 0650 - 0660			0771			
	9650 - 9669 TUBING, CASING, AND CEMENTING RECORD						
	1101 E 6175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	HOLE SIZE		400	405			
	17"	13 3/8"		425 sx.			
	11"	8 5/8"	3972	400 sx.			
	7_ 7/8"	5 1/2"	9771	225 sx.			
	TO THE PERSON OF	COD AT LOWARIE	ofter recovery of total volume of load of	l and must be equal to or exceed top allow-			
V.	. TEST DATA AND REQUEST I OIL WELL	able for this	depin of de joi just 21 itez. e,				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
	12/29/69	2/4/70	Piemn				
	Length of Test	2/4/70 Tubing Pressure	Pump Casing Pressure	Choke Size			
	24 hours						
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF			
	450	150	300	45			
	450	130	300				
	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			
• • •	ACRITICATE OF COMBI IANCE		OIL CONSERV	ATION COMMISSION			
VI	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation			The state of the s			
			APPROMED , 19, 19				
	a la	with and that the information Rive	Cl Russian				
	above is true and complete to t	he best of my knowledge and belie	f. BY	BY John w. Runyan			
			TITLE				
		7	G COLOS				
	11/10/11/		This form is to be filed in	compliance with RULE 1104.			
	16. K Was		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.				
		nature)					
	Production Analyst		All sections of this form t	nust be filled out completely for allow			
		Title)	able on new and recompleted wells.				

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