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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
KING RESOURCES COMPANY

Address
300 Wall Towers West, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sheridan "A"	Well No. 1	Pool Name, Including Formation Undesignated R-4032	Kind of Lease State, Federal or Fee Fee	Lease No. N.A.
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West Line of Section 24 Township 9-S Range 33-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Oil Corporation - trucks	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N.A.	Address (Give address to which approved copy of this form is to be sent) N.A.	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 24
	Twp. 9-S	Rge. 33-E
	Is gas actually connected? No When N.A.	

If this production is commingled with that from any other lease or pool, give commingling order number: **N.A.**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5/15/70	Date Compl. Ready to Prod.		Total Depth 9760' KB		P.B.T.D. 9755' KB			
Elevations (DF, RKB, RT, GR, etc.) 4326' GR	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9652'		Tubing Depth 8030'			
Perforations 9652-9655'					Depth Casing Shoe 9763' KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4"	13-3/8"		397' KB		385 sacks			
11-1/2"	8-5/8"		3950' KB		400 sacks			
7-7/8"	5-1/2"		9755' KB		300 sacks			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 6/26/70	Date of Test 7/13/70	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure N.A.	Casing Pressure N.A.	Choke Size N.A.
Actual Prod. During Test	Oil - Bbls. 80	Water - Bbls. 200	Gas - MCF 64

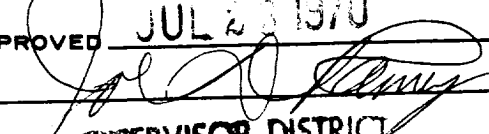
GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.


D.E. Nix
Drilling Foreman
(Title)
7/16/70
(Date)

OIL CONSERVATION COMMISSION
APPROVED **JUL 23 1970**, 19____
BY 
TITLE **SUPERVISOR DISTRICT**

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.