FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER OIL  GAS  OPERATOR  PRORATION OFFICE  Operator  Santa Fe Energy Companders  P. O. Box 12058, Amageson(s) for filing (Check proper box)  New We!!  Recompletion  Change in Ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEAD LEAD Name  SFPRR  Location  Unit Letter  N 1780  Line of Section 27 Townsh  DESIGNATION OF TRANSPORTED  Name of Authorized Transporter of Oil XX  Mobil Pipeline Company  Name of Authorized Transporter of Casing Cities Service  If well produces oil or liquids, give location of tanks.	AUTHORIZATION TO TRANSPORT OF OIL AND NATURAL GAME OF Condensate   head Gas XX or Dry Gas	Other (Please Name cha any of Texas, P  matten San Andres)  and 660  E , NMPM  S  Address (Give address P.O. Box 900, I Address (Give address	explain)  nge of com  O. Box 1  Kind of Lease State, Federal of the company of th	apany  2058, Amarillo  ar Fee Fee  South  Lea  d copy of this form is to  (as 75221  d copy of this form is to	County
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Name of Authorized Transporter of Casing Cities Service  If well produces oil or liquids,			to mutch approve		
If well produces oil or liquids,	Pre-	Box 300, Tulsa	, Oklahoma	74102	
ates foration of tonks.	1	Is gas actually connect	ed? When	•	
	<u> </u>	Yes		NA	
the state of the s	hat from any other lease or pool,	give commingling orde	r number:	·	·
If this production is commingled with t	mat from any outside the		15:	Plug Back   Same Rest	. Diff. Rest
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Flug Back   Dame Item	1
Designate Type of Completion	– (X)			P.B.T.D.	i
Date Spudded D	ate Compl. Ready to Prod.	Total Depth	ļ	F.D. L.D.	
00.4 09				Tubing Death	<u></u>
Elevations (DF. RKB, RT, CR, etc.) N	ame of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Elevances (Dr. AAB, AI, OA, etc.)				- 3 6 5	
				Depth Casing Shoe	
Perforations					
	TUBING, CASING, AN	D CEMENTING RECO	RD		
<u> </u>	CASING & TUBING SIZE	DEPTH S	SET	SACKS CEM	ENT
HOLE SIZE	CASING & LUBING SIZE				
•			lume of load oil o	and must be equal to or e	xceed top alk
TEST DATA AND REQUEST FOR	ALLOWABLE (Test must be o	after recovery of total vo epth or be for full 24 hou	iums oj ioda oii d vs)	erem trames we extend to e. e.	,
OIL WELL		Producing Method (Fl	ow, pump, gas lift	t, etc.)	
Date First New Oil Run To Tanks	Date of Test	Trongand manie			
· L		Casing Pressure	-	Choke Size	
Length of Test	Tubing Pressure	Casing hissams			
1-		The Philadelphia		Gas-MCF	
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	`		
79,500		1		<u> </u>	

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
OF COMPLIA	NCF	OIL CONSER	RVATION COMMISSION

## 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.

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Original Signed By Anthony J. Walker (Signature) Petroleum Engineer

(Title) January 19, 1979 (Date) MAR 16 1979

APPROVED BY. The leading TITLE .

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despense 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 allow able on new and recompleted wells.

Fill out only Sections I, II. III, and VI for changes of owner well name or number, or transporten or other such change of condition

Separate Forms C-104 must be filed for each pool in multiple completed wells. ompresed wells.