	^ <b>_</b>						
DISTRIBUTION							
SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION					
FILE		OR ALLOWABLE	Supersedes Old C-106 and C-116 Etfortive 1-1-65				
U.S.G.S.	AUTHORIZATION TO TRAN						
LAND OFFICE		SPORT OIL AND NATUR	AL GAS				
TRANSPORTER							
OPERATOR							
PRORATION OFFICE							
TOM L. INGRAM							
	- Roswell, New Mexico 88	8201					
Reason(s) for filing (Check proper box)		Other (Please explain)	· · · · · · · · · · · · · · · · · · ·				
New Well	Change in Transporter of:						
Recompletion Change in Ownership	Oll Dry Gas Casinghead Gas Condense	ate D Effective d	ate: August 1, 1971				
If change of ownership give name and address of previous owner	Marathon Oil Company, I						
			×				
DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For	mation Kind of	Lease Lease :				
King Davis Federal	1 91	State, F	ederal or Fee Eederal				
Location			Eederal				
Unit Letter D ; 66	0 Feet From The South Line	and <u>660</u> Feet	From The				
Line of Section 28 Town	nship 8\$ Range	37E , NMFM,	Roosevelt				
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which	approved copy of this form is so be sens.				
McWood Corporation	f 1 3 3		idland Texas 7970]				
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which	approved copy of this form is to be rent;				
None							
If well produces oil or liquids,	Unit Sec. Twp. Pge.	is gas actually connected?	When				
give location of tanks.	D 28 8S 37E						
	h that from any other lease or pool, g	give commingling order numbe	· F:				
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deer	en Plug Back Same Pesto Cutt. Pesty				
Designate Type of Completio	$\mathbf{n} = (\mathbf{X})$						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				
	TUBING, CASING, AND						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	* · · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				
	<u>+</u>   	\$ <u></u>	······				
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	ter recovery of total volume of 1	oad oil and must be equal to or exceed top alio				
OIL WELL	able for this de	pth or be for full 24 hours)	-				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	, gas lift, etc.)				
Length of Test	Tubing Pressure	Casing Pressure	Choke Sixe				
Actual Prod. During Test	Oil-Bble.	Water - Bble.	Gas - MCF				
l	.L	<u> </u>	i				
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				
		· · · · · · · · · · · · · · · · · · ·					
I. CERTIFICATE OF COMPLIAN	CE		ERVATION COMMISSION				
I hereby consider that the miles and	regulations of the Oil Conservation	APPROVED	L 23 13/ . 19				
Commission have been complied	with and that the information given	A ATT. 1.1					
above is true and complete to th	e best of my knowledge and belief.	BY AND H	X HAV				
		TITLE					
		This form is to be f	led in compliance with AULE 1104				
•							

Educate Educa
(Signature)
Secretary
(Title)
July 21, 1971
(Date)

If this is a	request	for	ellowable	[or 🔳	newly.	duiled	or	deepened
well, this form	must be		companied b	oy a t	ebulat	ion of	the	deviation
tests taken on	the well	In	accordance	e with	N RULI	E 111.		
								1

All sections of this form must be filled out completely for sllow-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.



JUL 001971

OIL CURPENMENT I COLME HOBBS, M. LL