	NO. OF COPIES PECEIVED				
ĺ	DISTRIBUTION		DINSERVATION COMM ON	5	
	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
ļ	FILE		AND	Effective 1-1-65	
ļ	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS	
	LAND OFFICE		- · · · ·		
	TRANSPORTER OIL	<i></i>			
	I GAS				
	PRORATION OFFICE				
1.	Cperator C			· · · · · · · · · · · · · · · · · · ·	
	O'NEILL PROPERTIES, LTD.				
	Address				
	P. O. BOX 2840, MIDLAND, TEXAS 79702				
	Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well	To change the name of the operator			
	Recompletion OII Dry Gas from Joseph I. O'Neill, Jr.				
	Change in Ownership Casinghead Gas Condensate				
	If change of ownership give name				
	and address of previous owner		······		
п	DESCRIPTION OF WELL AND LEASE				
•••	Lease Name	Lease No. Well No. Pool Nag	ne, Including Formation	Kind of Lease	
	O'NEILL STATE (SWD)	E-8875 1 Prair:	ie Cisco South	State, Federal or Fee State	
	Location				
	Unit Letter;)Feet From The South Line	e and <u>660</u> Feet From T	_{he} West	
	16	_			
	Line of Section 16 Township 8S Range 36E , NMPM, Roosevelt County				
117					
	Name of Authorized Transporter of Cil	SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
N/A					
	Name of Authorized Transporter of Cas	inghead Gas 📄 or Dry Gas 🗍	Address (Give address to which approv	ed copy of this form is to be sent)	
	N/A				
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When				
	give location of tanks.				
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Weli	New Well Workover Deepen	Plug Back / Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n = (X)		Fild Duck Some Rest. Din. Rest.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD		
			DEFINSE	SACKS CEMENT	
		1	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
V.	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 allow				
	OIL WELL Date First New Oil Run To Tanks	able for this de	pith or be for full 24 hours) Producing Method (Flow, pump, gas lij		
	Dele Prist New On Add 10 Tunks		Producing Method (Prow, pump, gas it)	<i>, e.c.)</i>	
	Length of Test	Tubing Pressure	Casing Pressure	Cheke Size	
			·····		
	Actual Prod. During Test	Cil-Bbis.	Water-Bbls.	Gas - MCF	
	GAS WELL	······································		·····	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
	resting detroid (prior, back pr.)	i uting rissadie	Cdand Freastre	Choke Size	
1 .1	CERTIFICATE OF COMPLIAN	CE			
* 1	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.				
			APPROVEDNAY 6 1983, 19		
	above is true and complete to the	e best of my knowledge and beller.	DISTRICT I SUPERVISOR		
			TITLE		
			This form is to be filed in a	compliance with RULE 1104.	
	_ Corol N. Jolinson		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.		
	(Signature)				
	ENGINEER()		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 transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply		
	4-5-83	tlej			
		ate/			
			completed wells.		