ì	NO UN CUPIES RECE	1		
	DISTRIBUTION			
	SANTA FE			
	FILE			
	U.S.G.S.			
	LAND OFFICE			
1.	TRANSPORTER	OIL		
	TRANSPORTER	GAS		
	OPERATOR			
	PRORATION OFFICE			
	Operator			
	Kern Co.			
	Address			

	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116				
	FILE	1	AND	Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	LAND OFFICE							
	TRANSPORTER OIL	-						
	GAS OPERATOR	4						
•	PRORATION OFFICE	†						
1.	Operator							
	Kern Co.							
	Address							
	3005 North Big Spring St., Midland, Texas 79705							
	Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well Change in Transporter of: Notification of Gas Connection and Recompletion Oil Dry Gas Cas Salas							
	Change in Ownership	Oil Dry Ga Casinghead Gas Conder	= • • • • • • • • • • • • • • • • • •					
	If change of ownership give name and address of previous owner							
	and address of previous owner							
H.	DESCRIPTION OF WELL AND							
	Lease Name	Well No. Pool Name, Including F	St. st. Dadawa	50000 1101				
	Archer Location	1 Chaveroo San	1 Andres State, Federal	Fee Fee				
	<u> </u>	150 Work	1000	a				
	Unit Letter K : 20	Feet From The WEST Lin	ne and 1980 Peet From T	he South				
	Line of Section 17 Tov	wnship 7-S Range	34-E , NMPM,	Roosevelt County				
				ROOSEVEIL				
III.	DESIGNATION OF TRANSPORT							
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)				
	Philtips Petroleum Co. Name of Authorized Transporter of Cas	- Trucks	4001 Penbrook, (Ideasa, Texas 79762 Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Cas	singhead Gas 🔀 💮 or Dry Gas 🦳	Address (Give address to which approv	ed copy of this form is to be sent)				
	Cities Service Oil & G	unit Sec. Twp. Rge.	P.O. Box 300 Tulsa Okl					
	If well produces oil or liquids, give location of tanks.	K 17 7-S 34-E		ily 1, 1985				
		the About from any other language and						
IV.	COMPLETION DATA	th that from any other lease or pool,	give commingling order number:					
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completion		1					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	CL DVD DD OD		Top Oil/Gas Pay	Tuke a Bank				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Only Gds Pay	Tubing Depth				
	Perforations			Depth Casing Shoe				
		TUBING, CASING, AND	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
••		OD AT YOU ARY E						
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 able for this depth or be for full 24 hours)								
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	, etc.)				
	Length of Test	Tubing Pressure	Cosing Pressure	Choke Size				
			Water - Bbls.	Gas-MCF				
	Actual Prod. During Test	Oil-Bbls.	weller - DDIs.	Gds-MCF				
	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)	Cosing Pressure (Shut-in)	Choke Size				
VI.	CERTIFICATE OF COMPLIANCE		11	TION COMMISSION				
			JUL 1 0 1985					
	I hereby certify that the rules and r Commission have been complied w	regulations of the Oil Conservation	ORIGINAL SIGNED BY JETTEY SEXTEN					
	above is true and complete to the	best of my knowledge and belief.						
			DISTRICT	1 Supervisor				
	- 1. (21)							
	11/10/ 1/ 1/ W	Millian (Signature)		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				
	William !							
	william G. Veill	uwe/	tests taken on the well in accord	tests taken on the well in accordance with RULE 111.				
	Engineer (Tit	le)	All sections of this form mus	t be filled out completely for allow-				
	7-8-85		()	III. and VI for changes of owner,				

(Date)

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.

RECEVED

JUL -9 1985

BORNES CONTRACTOR