NO. OF COPIES REC	EIVED	i	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

 	DISTRIBUTION SANTA FE FILE	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
1.	U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA			
	Operator Kerr-McGee Corporation					
	Address					
	Reason(s) for filing (Check proper box) New Well Recompletion	Change in Transporter of: Oil Dry Gas	≒ 1			
}	Change in Ownership	Casinghead Gas Condens	sate			
	and address of previous owner	7/				
i	DESCRIPTION OF WELL AND I Lease Name State F	Well No. Pool Name, Including Fo	į į	or Fee State Lease No.		
	Location		e and 1,980 Feet From T	. East		
	Unit Letter;99	86 - 3	e and 1,900 Feet From Ti			
ł			<i></i>	<u> </u>		
11.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Magnolia Pipe Line Comp	or Condensate	S Address (Give address to which approve Box 900. Dallas, Texas			
	Name of Authorized Transporter of Cas.		Address (Give address to which approve	ed copy of this form is to be sent)		
	None If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	n		
	give location of tanks.	E 2 8S 33E	No give commingling order number:			
	If this production is commingled with COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	n – (X)				
	Date Spydded 10-28-66	Date Compl. Ready to Prod. 11-5-66	Total Depth 4.344.	P.B.T.D. 4,340°		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations One per foot 0.4	San Andres 7" Bullet at 4,233°,4,24	2,4,246,4,252,4,255,	Depth Casing Shoe		
	4,250,4204,4,200,4,20/,	4,274,4,316,4,323,4,327, TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4	8 5/8**	408°	275 aks 350 aks		
	7 7/8**	5 1/2° 2 3/8°	4,178			
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 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 allowable for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	i, etc.)		
	10-29-66 Length of Test	11-5-66 Tubing Pressure	Casing Pressure	Choke Size		
	12 hrs	100 lbs	700 lbs	32/64 ^{ss}		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	187		
	156	312	1	<u> </u>		
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bots. Condensate/ MMC:			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	VI. CERTIFICATE OF COMPLIANCE		177	TION COMMISSION		
	and the state of the substance of the	regulations of the Oil Conservation	APPROVED, 19			
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.		SY				
		s nest of my knowledge and perter.				
		^	TITLE	nompliance with BILL F 1104.		
	OA A	1 oeller	110	compliance with RULE 1104. vable for a newly drilled or deepened		
C. J. Breeder (Signature)		well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.				
	Engineer		All sections of this form mu	st be filled out completely for allow		
November 7, 1966		itle)	able on new and recompleted we Fill out only Sections I, I	ritt and UT for changes of owner		
		well name or number, or transporter, or other such change of condition				

(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.

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