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DISTRIBUTION		ONSERVATION COMMISSIC	Form C-104	
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE		AND MATURAL G	Effective 1-1-05	
u.s.g.s.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	ASC. C.	
LAND OFFICE	AOTHORIZATION TO THE	חב שול.	•••	
OIL	· ·	JUN 31] 8 25 1	44 '69	
TRANSPORTER			0 J	
GAS	\dashv			
OPERATOR	_			
PRORATION OFFICE				
Operator	-			
McGrath & Smith, In	lC.			
Address	7070		i	
418 Bldg. of Southw	est, Midland, Texas 7970			
Reason(s) for filing (Check proper b	ox)	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	OII Dry Ga	s		
Change in Ownership	Casinghead Gas Conder	asate		
Change in Ownership				
If change of ownership give name				
and address of previous owner		- CLONIA TERM		
		ESIGNATELITY BOX U- Pennsyl	1	
II. DESCRIPTION OF WELL AND	D LEASE	me, including Formation 12 - 3802	Kind of Lease	
Lease Name		/13 3362	Ctata Madaral on Eco	
State SGW	K 2850 1 Ba	r U Penn /	State, Federal or Fee State	
Location				
	800 Feet From The E Lin	e and 660 Feet From T	he S	
Unit Letter ;	800 Feet Flom The B			
Tuna of Section 36	Cownship 8-S Range	32-E , NMPM,	Chaves County	
Line of Section 30	Ownship 00 Nunge			
= -	DWDD ON ON AND MARKET OF	c		
II. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	Address (Give address to which approx	ed copy of this form is to be sent)	
Name of Authorized Transporter of C		i		
Scurlock Oil Compan	ny	202 Mid America Bld	g., Midland, Texas 79701 ed copy of this form is to be sent)	
Name of Authorized Transporter of	Casinghead Gas 🔀 or Dry Gas 🗔	I and the second		
Cities Service Oil	Co.	P. O.Box 300, Tulsa,		
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	en.	
give location of tanks.	0 36 8-S 32-E	No As	soon as purchaser can co	
		,	nect	
If this production is commingled	with that from any other lease or pool,	give comminging order names		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Comple	tion = (X)	! !		
	1 1	X Total Depth	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	· ·	9133	
4-29-69	6-24-69	9136		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
GL 4405 KB 4418	Bough C	9093	8999	
Perforations	<u> </u>		Depth Casing Shoe	
1 -	06-9114		9136	
3034 3104 31	TUBING, CASING, AN	D CEMENTING RECORD		
101 5 0175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE	13-3/8	350	300	
17½		3652	450	
11	8-5/8		350	
7-7/8	51/2	9143	1	
		<u> </u>	<u> </u>	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allow-	
OIL WELL	able for this d	epth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	jt, etc.)	
6-24-69	6-26-69	Pump		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
- •	Pump			
24 Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas-MCF -	
		51	154	
143	143	1		
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Buts. Condensate/MMCF		
			Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Cuore 2174	
1				
VI. CERTIFICATE OF COMPLIA	ANCE	OIL CONSERVA	ATION COMMISSION	
VI. CERTIFICATE OF COMPLIA	THE STATE OF THE S		2015	
		APPROVED	, 19	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		S Klimon-		
Commission have been complied above is true and complete to	the best of my knowledge and belief.	BY_	- joursey	
move is time and complete to		1		
		TITLE		
		This form is to be filed in	compliance with RULE 1104.	
101.11		This form is to be filed in compliance with RULE 1104.		
Mylicefton		i the form must be accomple	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	
		Morel trees south them and an arrange	rdance with RULE 111.	
Engineer	ignature)	tests taken on the well in acco	• • • • • • • • • • • • • • • • • • • •	
BIIETIICCE		All sections of this form my	ast be filled out completely for allow-	
Bugineer	(Title)	All sections of this form me able on new and recompleted w	ast be filled out completely for allowells.	
June 27, 1969		All sections of this form musble on new and recompleted w	ast be filled out completely for allow-	

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.