COPIES REC	EIVED			
DISTRIBUTION				
SANTA FE FILE				
				U.S.G.S.
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				
Operator				
	FE  OFFICE  PORTER	FE  OFFICE  PORTER OIL  GAS  ATOR		

Office Manager (Title)

(Date)

May 1, 1965

-	SANTA FE	I	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116	
	FILE	KEQUEST	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	AS	
	LAND OFFICE				
	TRANSPORTER OIL	_	•		
-	GAS	_	•		
_	PRORATION OFFICE				
1.	Operator				
	Petroleum Corporati	on of Texas			
ļ.					
	P. O. Box 752, Bred				
ı	Reason(s) for filing (Check proper box		Other (Please explain)		
- 1	New Well	Change in Transporter of:	Change of Opera	_	
	Recompletion	Oil Dry Go Casinghead Gas Conder		, 1965	
Ľ	Change in Ownership	Cdsinghedd Gds Conder	isde [_]		
	f change of ownership give name nd address of previous owner	Graridge Corporation,	P. O. Box 752, Breckenri	dge, Texas	
	DESCRIPTION OF WELL AND	IEACE			
	Lease Name	Tract 17 Well No. Pool Na	me, Including Formation	Kind of Lease	
	North Caprock Queen U		prock Queen Lea	State, Federal or Fee State	
T	Location				
	Unit Letter F;	Feet From The Lin	e andFeet From T	The	
L	Line of Section 6 To	wnship 13S Range	32E , NMPM, Lea	County	
	DECIONATION OF THE ANGROS	TED OF OH AND NATURAL CA	E		
	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oi	TER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)	
	Water Injection Wel	<del></del>			
┢	Name of Authorized Transporter of Ca		Address (Give address to which approv	ed copy of this form is to be sent)	
	None			•	
上	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	on .	
	give location of tanks.				
I	f this production is commingled wi	ith that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA				
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
L			The Door	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.	
-	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	F 001				
-	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
L					
L					
. L		LOD ALL OWARD CO.			
	FEST DATA AND REQUEST F OIL WELL		fter recovery of total volume of load oil o pth or be for full 24 hours)	and must be equal to or exceed top allow-	
_	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
r	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	<u></u>			1	
-	GAS WELL	I awak of Tool	Phile Condensed At ICE	Complete of Construction	
	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	
	resummy memod (pitot, buck pr.)	' ADMA ' 1200MG	Capital Laboure	CHORD DIZE	
L	CEPTIFICATE OF COMPLIANCE		TION COMMISSION		
VI. CERTIFICATE OF COMPLIANC		CE .	JIL CONSERVA	A LOIA COIMINI 22101A	
•	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.		APPROVED	, 19	
•				( T 28 )	
8			BY	N- CW	
			TITLE		
		. /	/	compliance with any a 4422	
	Charl. Met	nt	y .	compliance with RULE 1104.  rable for a newly drilled or deepened	
_	(Sign	Charles W. Smith	well, this form must be accompan	nied by a tabulation of the deviation	
	16.	Charles W. Smith	tests taken on the well in accor	dance with RULE 111.	

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.