	NO. OF COPIES RECEIVED				
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	SANTA FE				
	FILE				
	U.S.G.S.			Αl	
	LAND OFFICE			A	
	TRANSPORTER	OIL			
	OPERATOR				
I.	PRORATION OF				
	Operator Petroleum Corporation of Address				
	P. O. Box 752, Brecken Reason(s) for filing (Check proper box) New Well				
	Recompletion			Oil	
	Change in Ownership	p		Cas	
	If change of owners			Gra	
11.	DESCRIPTION O Lease Name North Capr Location	F WEL	L AND	Tra	
11.	DESCRIPTION O Lease Name North Capr	F WEL	L AND I	LEASE Tra	
II.	DESCRIPTION O Lease Name North Capr Location	F WEL	L AND I	LEASE Tra nit No	
	DESCRIPTION O Lease Name North Capr Location Unit Letter	F WEL ock Q G 7	L AND I ueen Ui ; 196 Tow	LEASE Tranit No. 80 Ferenship	
	DESCRIPTION O Lease Name North Capr Location Unit Letter Line of Section DESIGNATION O Name of Authorized	F WEL ock Q G 7 F TRA Transpo	L AND I ueen Ui Tow	LEASE Tranit No. 80 Fe	
	DESCRIPTION O Lease Name North Capr Location Unit Letter Line of Section DESIGNATION O	F WEL ock Q G 7 F TRA Transpo Pipe	L AND I ueen U Tow NSPORT tior of Out Line C	LEASE Tranit No. 80 Ference of the control of the	
	DESCRIPTION O Lease Name North Capr Location Unit Letter Line of Section DESIGNATION O Name of Authorized Service	F WEL ock Q G 7 F TRA Transpo Pipe	L AND I ueen U Tow NSPORT tior of Out Line C	LEASE Tranit No. 80 Fe ments ER OF	
	DESCRIPTION O Lease Name North Capr Location Unit Letter Line of Section DESIGNATION O Name of Authorized Service Name of Authorized	ock Q G 7 F TRA Transpo Pipe Transpo or liquid	Tow NSPORT Ther of Oil Line Corter of Case	LEASE Tranit No. 80 Ference of the control of the	
m.	DESCRIPTION O Lease Name North Capr Location Unit Letter Line of Section DESIGNATION O Name of Authorized Service Name of Authorized None If well produces oil	F WELL ock Q G 7 F TRA Transpo Transpo or liquid cs.	Tow NSPORT It and I Tow Inter of Oil Line Corter of Cas Is,	EASE Transit No. 80 Ferenship ER OF Company Inghed Company Unit A	
m.	DESCRIPTION O Lease Name North Capr Location Unit Letter Line of Section DESIGNATION O Name of Authorized Service Name of Authorized None If well produces oil give location of tank If this production i	F WEL ock Q G 7 F TRA Transpo Pipe Transpo or liquid s. s commin	Tow NSPORT Ther of Oil Line Conter of Cases, Ingled with	TER OF CER OF COMPANY COMPA	
m.	DESCRIPTION O Lease Name North Capr Location Unit Letter Line of Section DESIGNATION O Name of Authorized Service Name of Authorized None If well produces oil qive location of tani If this production i COMPLETION D	F WEL ock Q G 7 F TRA Transpo Pipe Transpo or liquid s. s commin	Tow NSPORT Ther of Oil Line Conter of Cases, Ingled with	TER OF Unit A h that fr	

		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116		
FILE		AND	Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	AS .		
LAND OFFICE	·	•			
TRANSPORTER GAS	· · · · · · · · · · · · · · · · · · ·				
OPERATOR					
PRORATION OFFICE	1				
Operator					
Petroleum Corporati	on of Texas				
Address					
P. O. Box 752, Brec Reason(s) for filing (Check proper box	kenridge, Texas	Other (Please explain)			
New Well	Change in Transporter of:	Change of Opera	iting Name		
Recompletion	Oll Dry Gas	[]	_		
Change in Ownership	Casinghead Gas Conden	sate			
If change of ownership give name		750 7 1			
and address of previous owner	Graridge Corporation,	P. O. Box 752, Breckenri	age, lexas		
DESCRIPTION OF WELL AND	LEASE				
Lease Name	Tract 26 Well No. Pool Nam	ne, Including Formation	Kind of Lease		
North Caprock Queen U	· · · · · · · · · · · · · · · · · · ·	rock Queen Lea	State, Federal or Fee State		
Location					
Unit Letter G; 19	980 Feet From The North Line	e and <u>1980</u> Feet From Th	e East		
Line of Section 7 To	wnship 13S Range	32E , NMPM, Lea	County		
Line of Section.	1.00	521			
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s			
Name of Authorized Transporter of Oil		Address (Give address to which approve			
Service Pipe Line (Name of Authorized Transporter of Ca		Box 337, Midland, Texa Address (Give address to which approve			
None None	andied das or b., das	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • • • • • • • • • •		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When			
give location of tanks.	A 7 13S 32E	1			
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:			
COMPLETION DATA	Oil Well Gas Well		Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Completic					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
, and the second					
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
TEST DATA AND REQUEST F		fter recovery of total volume of load oil a	nd must be equal to or exceed top allow		
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift	etc.)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (1 tow, pamp, gas tip			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Zen, m er i ser					
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
GAG MITTE					
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		
		1			
CERTIFICATE OF COMPLIAN	iCE .	OIL CONSERVA	TION COMMISSION		
	and the City Componenties	APPROVED	, 19		
Commission have been complied	regulations of the Oil Conservation with and that the information given	Lac XVI	Lac X trues		
above is true and complete to th	e best of my knowledge and belief.	BY	Con Contract		
X		XITYE			
	40.	This form is to be filed in c	This form is to be filed in compliance with RULE 1104.		
Marks 110	Month	If this is a request for allowable for a newly drilled or deepened			
, ,	nature) Charles W. Smith	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
Office Man		All sections of this form must be filled out completely for allow-			
	Title)	able on new and recompleted we	ils. and VI only for changes of owner		
May 1, 196	5 Date)	well name or number, or transport	er, or other such change of condition		

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.