NO. OF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS	Ĭ		
OPERATOR				
PRORATION OFFICE				

m.

ŀ	DISTRIBUTION					
			ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110		
-	SANTAFE	REQUEST	FOR ALLOWABLE	Effective 1-1-65		
-	FILE	•	AND			
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
- 1	LAND OFFICE					
	TRANSPORTER OIL					
	GAS					
[OPERATOR					
1.	PRORATION OFFICE					
1	Operator					
	Petroleum Corporatio	n of Texas				
	Address					
	P. O. Box 752, Breck	enridge, Texas				
1	Reason(s) for filing (Check proper box)	•	Other (Please explain)			
- 1	New Well	Change in Transporter of:	Change of Oper	ating Name		
	Recompletion	Oil Dry Gas		-		
	Change in Ownership	Casinghead Gas Conden	[] I			
1						
	If change of ownership give name	Graridge Corporation	P. O. Box 752, Breckenr	idoe Texas		
	and address of previous owner	draffage dorporacion,	1. O. BOX 752; DICERCHI	ruge, reaus		
	DECORPORADO OF WELL AND	I E AGE				
11.	DESCRIPTION OF WELL AND I		ne, Including Formation	Kind of Lease		
		Tract 27 Well No. Pool Nam	manla Ossana I an	State, Federal or Fee		
	North Caprock Queen U	nit No. 1 🗰 6 Cap	rock Queen Lea	State State		
	Location		1000			
	Unit Letter F; 198	Feet From The North Line	e and 1980 Feet From Ti	he West		
				_		
	Line of Section 8 Tow	vnship 13S Range	32E , NMPM, Lea	County		
m.	DESIGNATION OF TRANSPORT	<u>rer of oil and natural ga</u>	S	1 Cold Complete Section		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent;		
	Water Injection We	11				
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approve	ed copy of this form is to be sent)		
		•				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When			
	give location of tanks.					
	this production is commingled with that from any other lease or pool, give commingling order number:					
44 7	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give comminging order number.			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	$\mathbf{p} \mathbf{n} = (\mathbf{X})$				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spaces					
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	P001					
	Before		<u> </u>	Depth Casing Shoe		
	Perforations					
			CEMENTING BECORD	L		
		TUBING CASING AND		I I		
		TUBING, CASING, AND		SACKS CEMENT		
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE			SACKS CEMENT		
	HOLE SIZE			SACKS CEMENT		
	HOLE SIZE			SACKS CEMENT		
		CASING & TUBING SIZE	DEPTH SET			
v.		OR ALLOWARIE (Test must be a	DEPTH SET			
V.	. TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be a able for this de	DEPTH SET Ster recovery of total volume of load oil a cepth or be for full 24 hours)	and must be equal to or exceed top allow-		
v.	. TEST DATA AND REQUEST F	OR ALLOWARIE (Test must be a	DEPTH SET	and must be equal to or exceed top allow-		
₩.	. TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil a epth or be for full 24 hours) Producing Method (Flow, pump, gas life	and must be equal to or exceed top allow-		
V.	. TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be a able for this de	DEPTH SET Ster recovery of total volume of load oil a cepth or be for full 24 hours)	and must be equal to or exceed top allow-		
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(Date)

able 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 pleted wells.