NO. OF COPIES RECEIVED			
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER OIL			
GAS		i l	
OPERATOR			
PROBATION OFFICE		i	

	SANTA FE		CONSERVATION COMMISSION	Form C-104
	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
	U.S.G.S.	ALITHOPIZATION TO TR	AND ANSPORT OIL AND NATURAL	0.45
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
	TRANSPORTER OIL			A
	GAS			
	OPERATOR			
ı.	PRORATION OFFICE			
	Operator Paganaga	Canada A		
		Group, Inc.		
	P. O. BOX 2437	Midland, TX 79701		
	Reason(s) for filing (Check proper bos	•	Other (Please explain)	
	New We!1	Change in Transporter of:	Other (Please explain)	
	Recompletion	Oil Dry G	as [
	Change in Ownership X	Casinghead Gas Conde		
	If change of ownership give name	Clinton Oil Company P.	O. Box 2437 Midland, T	X 79701
	and address of previous owner		,	
11.	DESCRIPTION OF WELL AND	LEASE		
	Lease Name	Well No. Pool Name, Including F		1 20000
	Montieth State	l Northeast Lov	rington Penn State, Fede	ral or Fee State K-6517
	Location	-		
	Unit Letter E ; 130	O Feet From The W Lir	ne and 1980 Feet From	n The N
	Line of Section 19 To	wnship 16-S Range	37-E , NMPM, Le	ea County
III.	Name of Authorized Transporter of Ot	TER OF OIL AND NATURAL GA	AS	oved copy of this form is to be sent)
	j		D 3530	
	Texas-New Mexico Pip Name of Authorized Transporter of Ca	etime CO. stinghead Gas X or Dry Gas X	Box 1510 Midlan Address (Give address to which appr	oved copy of this form is to be sent!
	Phillips Petroleum	A		
		Unit Sec. Twp. Pge.	Bartlesville, Oklaho	MIId Then
	If well produces oil or liquids, give location of tanks.	E 19 16 37	Yes	

	COMPLETION DATA	ith that from any other lease or pool,	give comminging order number:	
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completi	on – (X)		1 1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
				Doub Coules Shoo
	Perforations			Depth Casing Shoe
		TUDING CASING AND	D CENENTING BECORD	
	UOL E 6175	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEF 1A 3E1	SACKS CEMENT
				i
v	TEST DATA AND REQUEST F	OR ALLOWABLE. (Test must be a	after recovery of total volume of load oi	l and must be equal to or exceed top allow-
٠.	OIL WELL	able for this de	epth or be for full 24 hours)	
i	Dute First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
				l challe con
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			M. C. Dill	Gas-MCF
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-McF
,			<u> </u>	
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Ploa, 1881-MCF/D	Langer of Total		
}	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
.,.	CERTIFICATE OF COURT IAN	CE	OU CONSERV	ATION COMMISSION
¥1.	CERTIFICATE OF COMPLIAN	CE.		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	, 19
Commission have been complied with and that the information given				
	above is true and complete to the best of my knowledge and belief.		<u> </u>	
			TITLE	
	Say Har	1.		compliance with RULE 1104.
	pay pa			compliance with NULE 1104.

District Production Clerk
Feb. 20, 1976
(Date)

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 tests taken on the well in accordance with RULE 111.

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

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.

: :
:
:
:

,		Casing Pressure		Choke Size	
Data First New Cil Fun To Tanks	Date of Test				
. TEST DATA AND REQUEST F	able for this	depth or be for full 24 ho Producing Method (F	urs)		
The second of th	OR ATTOWARTE (Test must be	after recovery of total ve	clume of load oil	and must be equal to	or exceed top al
HOLE SIZE	CASING & TUBING SIZE	DEPTH	SET	SACKS C	,EMEN!
		ND CEMENTING RECO		CACUT!	TMENT
Perforations		_			
	<u></u>			Depth Casing Shoe	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		C. 13, 1, 12,	
Designate Type of Completic	1			P.B.T.D.	1
. COMPLETION DATA	Cil Well Gas Well	New Well Workove.		Plug Back Same	Res'v. Diff. Re
If this production is commingled wit	th that from any other lease or pool	, give commingling ord	er number:		
If well produces oil or liquids, give location of tanks.	E 19 16S 37E		 		
Skelly Oil Company	Unit Sec. Twp. Fige.	P. O. Box 16			
Texas New Mexico Pipe Rane of Authorized Transporter of Out	inghead Gas XX or Dry Gas				s to be sent)
		Central Buil Address (Give address	ding, Midl	-and - Teams	is to he sent!
DESIGNATION OF TRANSPORT	TR OF OIL AND NATURAL G	AS Address (Give address)	to which approx	ed copy of this form i	s to be sent)
Emil of overtex	The state of the s				
10	mship 16S Range	37E , NMP	м,	Lea	County
Unit Letter E ; 198	30' Feat From The North Li	Ine and 1300 t	Feet From T	he West	
Montcith State					
Lease Name Montroith State	1 Northeast Loy		State, Federal		K-6517
DESCRIPTION OF WELL AND I	(PASE) Well No. Fool Name, Including	Formation	Kind of Lease		Lecse No
and address of previous owner					
If change of ownership give name	Southwest Production	on Corp. P. O.	Вох 1464.	Midland, Texa	ıs 79701
Change in Ownership XX	Casinghead Gas Condo	ersate			
New Well Recompletion	Cil Dry G	cs			
Reason(s) for filing (Check proper box)		Other (Pleas	c explain)		
	r, Wichita, Kansas 67202	<u> </u>			
CLINTON OIL C	COMPANY				
Operator		ALCO TO			
OPERATOR PROMATION OFFICE		·			
GAS GAS					
TRANSPORTER OIL			· · · · · · · · · · · · · · · · · · ·		
U.S.G.S.	AUTHORIZATION TO TRA				
F)1.f:		CIPIA	. F. 6		-03
SANYA FE		FOR ALLOWALL		Supe sedes C Effective 1-1)ld C+) (4 and C
DISTRIBUTION .	W MEXICO OFL (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14.4	Form C+1c.;	

Oil-Bbis. Water - Bbls. Actual Prod. During Test

GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Ehut-in)	Casing Pressure (Shuk-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

CLINTON OIL COMPANY / EARL E. ROSSMAN JR.

Commence of the Commence)
 (Signature)	
Proration & Unitization	Engineer

(Title,

1/7/70 (Date) OIL CONSERVATION COMMISSION

APPROVED	0 1279	, 19
BY SE	fettines	
TITLE		

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I. H. III, and M for changes of owner, well name or number, or transporter, or other such change of condition of the filed for each pool is rediction.

10 CF COPIES RECEIVED	1		
DISTRIBUTION		CONSERVATION COMMISSION	. Form C - : 34
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11
U.S.G.S.		AND COL	Effective 1-1-65
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	(GAS)
RANSPORTER OIL			
GAS			
PRORATION OFFICE	· · · · · · · · · · · · · · · · · · ·		
Chatatet			
 	JCTION CORPORATION		
Address P O ROV 026	DOCUELL NEW MEVICO OF	2001	
Reason(s) for filing (Check proper be		3201 Other (Please explain)	
New Well	Change in Transporter of:	_	
itenom; letion	Oil Z Dry G		
Clarge in Ownership	Casinghead Gas Conde	nsate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL ANI			
Lease Name MONTIETH STA		E. LOVINGTON - PERM	Kind of Lease State, Federal or Fee STATE
Location			1 311111
Unit Letter E ; 13	Feet From The West Lin	ne and 1980 Feet From	The North
Line of Section 19 , T	ownship 16S Adage	37E , NMPM,	LEA County
DESIGNATION OF TRANSPORMED OF Authorized Transporter of C	RTER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)
TEXAS-NEW MEXICO F	PIPELINE	CENTRAL BUILDING	MIDLAND, TEXAS
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)
SKELLY OIL COMPANY		P. O. BOX 1650 - TULS	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		ner
L	E 19 16S 37E with that from any other lease or pool,	NO NO	AUGUST 15, 1967
COMPLETION DATA			
Designate Type of Complet	$\operatorname{Align} = \operatorname{Align} $	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Re-entered 6/9/67	7/31/67	11,303'	
Pool	Name of Producing Formation	Top Ox/Gas Pay	Tubing Depth
E. LOVINGTON Perforations	STRAWN	11,210'	Depth Casing Shoe
	234 - 44	<u>/</u>	11,302'
		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7-7/8"	8-5/8" 5-1/2"	2102' N, 202'	1,000 Sacks 800 Sacks
7-770	3 2/2/	202	occ sacks
TEST DATA AND REQUEST DOLL WELL	able for this de	fter recovery of total volume of loud oil	and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Fest	Producing Method (Flow, pump, gas)	ift, etc.)
7/31/67 Length of Test	70 8/1/67	FLOW Casing Pressure	Choke Size
24 HOURS	400#	25#	28/64"
Actual Prod. During Test	Oli-Bbis.	Water-Bbls.	Gas-MCF
626 bbls.	626 bbls.	NONE	340
GAS WELL			
Actual Frod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
		<u> </u>	
CERTIFICATE OF COMPLIANCE		OIL CONSERVA	ATION COMMISSION
v v v v v v v v v v v v v v v v v v v	I constations of the CN Co.	APPROVED	, 19
Commission have been complied	regulations of the Oil Conservation with and that the information given		. , -
above is true and complete to the	ne best of my knowledge and belief.	BY	

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or de

TITLE _

H. LEE HARVARD

Manager

(Title)

(Date)

SEPTEMBER 29, 1967

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 tests taken on the well in accordance with RULE 111.

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