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DISTRIBUTION		CONSERVATION COMMISSION	Form C-104				
SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11				
FILE	AND		Effective 1-1-65				
	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	_ GAS				
LAND OFFICE							
TRANSPORTER GAS							
OPERATOR		· • .					
I. PRORATION OFFICE	CORRE	CTED FILING	<u></u>				
Jake L. Hamon							
Address							
Box 663, Dallas, T							
Reason(s) for filing (Check proper bo New Well x	change in Transporter of:	Other (Please explain)					
	Oil Dry Go						
Change in Ownership	Casinghead Gas 🗌 Conden	nsate 🔲 Filed to correc	t Lease Name				
If change of ownership give name							
and address of previous owner							
II. DESCRIPTION OF WELL AND	LEASE						
Lease Name	Well No. Pool Na	ime, Including Formation	Kind of Lease				
State K-33 COM	3 , Shoe	Bar East, Devonian	State, Federal or Fee State				
Location 0 1	830 East From The East	660 Feel Fr	m The South				
Unit Letter;;	Feet From TheLastLir	ne and Feet Fro					
Line of Section 30 , To	ownship 16-S Range H	R-36-Е , _{NMPM} , 1	Lea County				
			3				
II. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	Address (Give address to which ap	proved copy of this form is to be sent)				
		Box 1510, Midland, Te	exas 79701				
Name of Authorized Transporter of C	asinghead Gas X or Dry Gas		proved copy of this form is to be sent)				
Phillips Petroleum			718, Odessa, Texas 79760 When				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		May 1, 1969				
	with that from any other lease or pool,						
V. COMPLETION DATA							
Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
8-24-71	10-18-71	12,982'	12,981'				
Pool	Name of Producing Formation	Top Oil/Ggs Pay	Tubing Depth				
Shoe Bar East, Devonia	n Devenian	12,895	12,881.18 KB Depth Casing Shoe				
Perforations 12,909 to 12,915;	12 932 to 12 946		12,982' K.B.				
12,909 00 12,919;	TUBING, CASING, AN	D CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE /	DEPTH SET	SACKS CEMENT				
17-1/2"		430'	<u> </u>				
12-1/4"	<u>8-5/8"</u> 5-1/2"	4300'	500				
		12,02					
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load	oil and must be equal to or exceed top allow-				
OIL WELL	able for this de	epth or ie for full 24 hours) Producing Method (Flow, pump, ga	·				
Date First New Oil Run To Tanks	Date of Test	Flowing					
<u>10-19-71</u> Length of Test	10-20-71 Tubing Pressure	Casing Pressure	Choke Size				
24 hrs.	90#	Packer	24/64" Gas-MCF				
Actual Prod. During Test	Oll-Abls.	Water - Bbls.					
394.90	394.90	None	59,509				
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate				
			Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	CHOKE SIZE				
/I. CERTIFICATE OF COMPLIA		OIL CONSER	VATION COMMISSION				
71. CERTIFICATE OF COMPLIA	NCE		5 1971 19				
I hereby certify that the rules and	d regulations of the Oil Conservation	APPROVED NOV					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BYJoe D. Ramey TITLEDist. I. Supv.					
				XIL Yo The			in compliance with RULE 1104.
				(Signature)		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 allow-	
Production Clerk							
(Title)		able on new and recompleted	wells.				
November 3,	1971 Date)	Fill out Sections I, II, well name or number, or trans	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.				
(wwc/		nust be filed for each pool in multiply				

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