	NO. OF COPIES RECI	FIVED	i	7		
	DISTRIBUTION	-				
	SANTA FE	<del> </del>	-			
	FILE	<b></b>	1			
	U.S.G.S.			- A.L.		
	LAND OFFICE		_  AU			
	TRANSPORTER	OIL		-		
	OPERATOR	1 5 7.5		1		
	PRORATION OF	IC F	<del>  </del>	-		
1.	Operator					
	Charle	-s R	Gi1	lespie		
	Address			100610		
	P. O.	Box	8. M	idland		
	Reason(s) for filing	(Check p	roper box	)		
	New Well	X		Chan		
	Recompletion	Ħ		Oil		
	Change in Ownership	, <b></b>		Casin		
	If change of owners and address of prev	ious ow	ner			
II.	DESCRIPTION O	F WEL	L AND	LEASE Leas		
	State 'F	· 	<del></del>	E-211		
		Ε	21	20 Feet		
	Line of Section	2	Tov	wnship		
I.	DESIGNATION O	F TRA	NSPOR	TER OF C		
	Amoco Pipe	eline Transpor	Com	pany singhead Ga		
	Warren Pet	trole	eum C	orpora		
	If well produces oil give location of tank	or liquida		Unit		
	T					

Engineer

10/9/85

(Title)

(Date:

	DISTRIBUTION SANTA FE FILE	_	FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65			
	U.S.G.S.  LAND OFFICE  I RANSPORTER GAS  OPERATOR	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS			
1.	PRORATION OFFICE Operator						
	Charles B. Gillespie, Jr.						
	P. O. Box 8, Midland, Texas 79702						
	Reason(s) for filing (Check proper box)  Other (Please explain)						
	New We!l X Change in Transporter of:  Recompletion Dry Gas						
	Change in Ownership	Casinghead Gas Conder	nsute				
	If change of ownership give name and address of previous owner						
11.	ESCRIPTION OF WELL AND LEASE  page Name						
	State 'F'		ders Permo Upper Pe	Kind of Lease nn State, Federal or Fee State			
	Unit Letter E : 2120   Feet From The North   Line and   400   Feet From The   West						
	Line of Section 2 Tow	nship 15-S Range	33-E , NMPM, Lo	ea County			
17	DESIGNATION OF TRANSPORT	TER OF OU AND NATURAL CA	C				
	Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)						
	Amoco Pipeline Company Name of Author!zed Transporter of Casinghead Gas X or Dry Gas		P. O. Box 1979, 'Tulsa, OK. 74102  Address (Give address to which approved copy of this form is to be sent)				
	Warren Petroleum Co		P. O. Box 1589, Tulsa, OK. 74102				
	If well produces oil or liquids, give location of tanks.    Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When   10/5/85						
	f this production is commingled with that from any other lease or pool, give commingling order number:						
٧.	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.			
	8/6/85	10/3/85	10135'	10065'			
	Elevations (DF, RKB, RT, GR, etc.) 4199 RKB 4814.5 GR	Name of Producing Formation Penn	Top Cil/Gas Pay	Tubing Depth 9896'			
	Perforations			Depth Casing Shoe			
	9878-9898. 991595	0878-9898', 9915'-9924', 9933'-9945' 10122'  TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	17 ½" 11"	13 3/8" 61# 8 5/8" 24-32#	365' 4230'	450 sx circ.			
	7 7/8"	5 头" 17#	10122'	1025 sx			
v.	5 3" 2 3/8" 4.7# 9896'  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
	10/5/85 Length of Test	10/8/85 Tubing Pressure	Pump Cdsing Pressure	Choke Size			
	24 hrs. Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas-MCF			
	142	48	94	104			
	GAS WELL						
	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			
	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		OIL CONSERVATION COMMISSION APPROVED OCT 1 1985				
	above is true and complete to the		BY ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  TITLE				
	Navil Hast	2	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despensed.				

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.

MODES OFFICE