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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE		х	
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

Drilling and Production (Title)

(Date)

September 9, 1966

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SANTA FE		ONSERVATION COMMIS	SION	Form C-104
FILE	KEQUESI	FOR ALLOWABLE		Supersedes Old C-104 and C-1 Effective 1-1-65
U.S.G.S.	411711001747101470 70 70	AND		
LAND OFFICE V	AUTHORIZATION TO TRA	INSPORT OIL AND N	ATURAL GAS!	na .
OIL				
TRANSPORTER				
GAS				
OPERATOR				•
PRORATION OFFICE				<u> </u>
Operator				
Trebol Drilling Compan	ny			
Address				
P. O. Box 3986, Odessa Reason(s) for filing (Check proper box)	. Texas 79760			
		Other (Please	explain,	
New Well	Change in Transporter of:			
Recompletion	Oil Dry Ga	s 🔲		
Change in Ownership A	Casinghead Gas Conden	nsate		
If change of ownership give name	Southern New Mexico Oil (	Cornoration		
	2. O. Box 1659, Midland,		· · · · · · · · · · · · · · · · · · ·	
<b>DESCRIPTION OF WELL AND I</b>	LEASE			
Lessouthern California	Well No. Pool Name, Including Fo	i	(ind of Lease	Lease No.
Federal	1 Lusk Morrow		ENK, Federal dexima	NM 272
Location				7
Unit Letter H ; 198	30 Feet From The North Lin	e and 660	Feet From The	East
				Magr
Line of Section 29 Tow	mship 195 Range	32E , NMPM,	Lea	County
DESIGNATION OF TRANSPORT		S		
Name of Authorized Transporter of Oil	or Condensate K	Address (Give address to	which approved copy	of this form is to be sent)
The Permian Corporation	on	P. O. Box 3119	. Midland. Te	xas
'Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🔼	Address (Give address to	which approved copy	of this form is to be sent)
Dhilling Datus 1 0	nnany		ina Adagaa	Texas 79760
Phillips Petroleum Com	Unit Sec. Twp. Ege.	Phillips Build Is gas actually connected	Y When	TEXMS /3/O/
If well produces oil or liquids, give location of tanks.	Well Closed In	Not connected	i	
	<del></del>	·		····
If this production is commingled wit	h that from any other lease or pool,	give commingling order	number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug E	Back   Same Res'v. Diff. Res'
Designate Type of Completio	n - (X)	x	1 1	j   1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T	.D.
tit				
S-23-62 Elevations (DF, RKB, RT, GR, etc.)	7-8-62 Name of Producing Formation	12834 Top Qui/Gas Pay	Tuble	12833 Depth
ill Charles (DF, KKB, KI, GK, etc.)	Name of Producing 1 of matter	ļ	, I ubin	•
35 GR	Morrow	12448	D13	12396
Perforations			Depth	Casing Shoe
12448 - 12488				12833
:	TUBING, CASING, AND	CEMENTING RECORD	· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	r	SACKS CEMENT
17 1/2	13 3/8 csg.	844		950
12 1/4	9 5/8 csg.	3947		2725
7 7/8	5 1/2 csg.	12833		850
	2 1/16 csg.	12396	Pkr.	
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a		" "	
OIL WELL	able for this de	pth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke	Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-1	MCF
	<u> </u>	<del></del>		
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravit	y of Condensate
1,509	20 hours	20,46	1	52.9
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	Ln) Choke	
	497	Pkr		6/64
4 pt. Back Press		Tr.		
CERTIFICATE OF COMPLIANC	CE	OIL C	ONSERVATION	•
:		1	Victor .	
I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED		, 17
Commission have been complied wabove is true and complete to the	vith and that the information given best of my knowledge and belief.	BY		
mosto in true and complete to the	my manage and passed			
•		TITLE	<u> </u>	
A = C	)_ 1	This face is to 1	he filed in complia	nce with RULE 1104.
111 × × 111				
War. Co	60 <b>00</b>	** *** *	at for allowable fo	r a newly drilled or deepend

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