NO. OF COPIES RECI	EIVED	
DISTRIBUTIO		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

	DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMMISSION	110)				
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110				
Ì	FILE	KEQ0E31.1	AND SUPPLES OF SUPPLES	Supersedes Old C-104 and C-110 Effective F-1-65				
	U.S.G.S.	**************************************	MIND WEDGE OF THE COLUMN TO TH	Ç. ₹ °				
		AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS				
	IRANSPORTER OIL		THE STATE OF THE STATE	and the second				
	GAS OPERATOR							
	PRORATION OFFICE							
•	Operator	00 mg						
	Clinton Oil Cong	•	0.00					
	Reason(s) for filing (Check proper box)	, Wichita, Kansas 67	Other (Please explain)					
	New Well	Change in Transporter of:						
	Recompletion	Oil Dry Gas	: 🔲	<u>.</u>				
	Change in Ownership	Casinghead Gas Condens	sate	<u>'</u>				
	If change of ownership give name and address of previous owner	James P. Duniga	n, Box 1641, Abilene	, Texas 79604				
II.	DESCRIPTION OF WELL AND L	EASE						
	Lease Name	Well No. Pool Name, Including Fo	la	Lease No.				
	Penius Federal	5 Corbin Abo	State, Federal	or Fee Fed. NM04242				
	Unit Letter K ; 1750	Feet From The S Line	e and 1650 Feet From T	he X				
	Line of Section 34 Town	nship 17 Range 3	3 , NMPM, 1	Jea County				
II.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed conv of this form is to be sent)				
	Name of Authorized Transporter of Oil	•						
	Name of Authorized Transporter of Cast	ine Line Co.	Box 1510, Midland, Address (Give address to which approv	ed copy of this form is to be sent)				
	Name of Authorized Transporter of Casi	nghedd Gas 🖂 💮 or Dry Gas 📋						
	Phillips Tetcoleum		Bartlesville, Oklah					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe					
	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give commingling order number:					
٧.	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.				
	Designate Type of Completion		m 1 D A	P.B.T.D.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Perforations	Depth Casing Shoe						
		TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	HOLE SIZE	Over the second						
٧.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top allow-				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	(t, etc.)				
	But I have the work in the same							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF				
	GAS WELL			To-market to the second				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Testing Method (pitat, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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.

CHINION CIL COMPANY	
IV: Bill D. Ray	
 (Signature)	
Agent	
 (Title)	
a 60 05	

(Date)

OIL CONSERVATION COMMISSION

BY. TITLE

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

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.