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	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMM!S.JN	Form C-104	
	SANTA FE	DECLIECT E	OD ALLOWARIE	Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATUE			AND NATURAL GA	<b>£</b>	
	TRANSPORTER GAS				
_	OPERATOR OFFICE				
I. PRORATION OFFICE Department of the control of th					
	TENNECO OIL	COMPANY			
Address  BOX 103/ MIDLAND, TEXAS  Reason(s) for filing (Check proper box)  New Well Change in Transporter of:  Recompletion Oli Dry Gas  Change in Ownership Casinghead Gas Condensate EFFECTIVE JULY 1, 1966					
				WW 1 19/-/-	
				,	
If change of ownership give name CACTUS DRILLING COMPANY PO DRAWER 71				ER 71 SAN HNGELD, TEXA	
II. DESCRIPTION OF WELL AND LEASE Lease No.   Well No.   Pool Name, Including Formation   Kind of Lease				Vind of Logge	
	Lease Name	n. A-1375   ARKAN	USAS JUNCTION QUEEN		
	Location			•	
Unit Letter I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST  Line of Section 2 Township 18 Range 36 NMPM, LEA				i	
				County	
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S		
***	Name of Authorized Transporter of Oil . or Condensate Address (Give agaress to which approved copy b) this joint is to				
	THE PERMIAN CO.  Name of Authorized Transporter of Cast	RP inghead Gas or Dry Gas X	Address (Give address to which approv	ed copy of this form is to be sent)	
	WASPEN PSTROLEUR	Corr	BOX 15-89 TULS A		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  Z /8.S 36-Z-	7E5	UNKNOWN	
	this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	Designate Type of Completion - (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.	
			Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	1 top On/ Gua Fuy		
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be as	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
	OII. WELL  Date First New Oil Run To Tanks  Date of Test  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	
			Water - Bbls.	Gas - MCF	
	Actual Prod. During Test	Oil-Bbls.	Wdfer - DDIE.	0.00	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
		Tubing Pressure	Casing Pressure	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure			
VI	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION		
	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.    Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Commission have been complete to the best of my knowledge and belief.   Commission have been complete to the best of my knowledge and belief.   Commission have been complete to the best of my knowledge and belief.   Commission have been complete to the best of my knowledge and belief.   Commission have been complete to the best of my knowledge and belief.   Commission have been complete to the best of my knowledge and belief.   Commission have been complete to the best of my knowledge and belief.   Commission have been complete to the best of my knowledge and belief.   Commission have been complete to the best of my knowledge and belief.   Commission have been complete to the best of my knowledge and belief.   Commission have been complete to the best of my knowledge and belief.   Commission have been complete to the best of my knowledge and belief.   Commission have been complete to the best of my knowledge and belief.   Commission have been complete to the best of my knowledge and belief.   Commission have been complete to the best of my knowledge and belief.   Commission have been complete to the best of my knowledge and belief.   Commission have been complete to the best of my knowledge and belief.   Commis		TITLE INGINEER DISTRICT  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 some or number, or transporter or other such change of condition.		

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.