DISTRIBUTIO	i		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator		-	

SANTA FE	!	FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL O	SAS
LAND OFFICE			
TRANSPORTER GAS	,		
OPERATOR	4		
PRORATION OFFICE Operator	<u> </u>		
texo Oil Company			
Address P O Box 4436 Wichi	ta Falls, Texas 76308		
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:	·	
Recompletion	Oil X Dry Ga	s	
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Legse Name		me, Including Formation	Kind of Lease
Buffalo Unit	561528   10   So. C	Corbin Queen (Penrose)	State, Federal or Fee Federal
Unit Letter A 66	O Feet From The North Line	e and 990 Feet From	The East
3.4	185 33	7.7	County
Line of Section JT To	wnship 105 Range 33	or , <sub>NMPM</sub> , Lea	County
	TER OF OIL AND NATURAL GA	And dress (Give address to which appro-	ved copy of this form is to be sent)
Name of Authorized Transporter of Oil		105 Enter Building He	Towns 77.002
SUMMIT GAS COMPA		405 Entex Building, Ho Address (Give address to which appro-	ved copy of this form is to be sent)
CONTINENTAL OIL C		Ponca City, Oklahoma	74601
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	
give location of tanks.	B 34 18 33	ļ	
If this production is commingled wince COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v
Designate Type of Completic		1	1 1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUDING CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	DAGING & FORING SIZE		
			<u> </u>
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil pth 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 li	ft, etc.)
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Cusing Pressure	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
		<u> </u>	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
I. 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.		OIL CONSERVA	ATION PRIMITED IN
		APPROVED	, 19
		BY	(1 kb)
		TITLE	
	,7	This form is to be filed in	compliance with RULE 1104.
- Front J	700	To this is a request for allow	wable for a newly drilled or deepene
(Sign	nature	well, this form must be accompanied tests taken on the well in acco	anied by a tabulation of the deviation o
	241-4	All sections of this form my	ust be filled out completely for allow
- / (T	itle)	able on new and recompleted w	GIIR.

(Date)

able 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 poleted wells.

5

OIL COMPANYATION COMM.
HOBES, N. M.

NO. OF COPIES REC	EIVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSFOR ER	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

12-1*-*75

(Date)

	DISTRIBUTION SANTA FE FILE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104  Supersedes Old C-104 and C-110  Effective 1-1-65	
	U.S.G.S.  LAND OFFICE	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL	GAS	
	TRANSPORTER OIL GAS				
	OPERATOR				
I.	Operator				
	Texo Oil Compan	ıy			
	P.O. Box 4436, Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion Change in Ownership	Oil X Dry Ga Casinghead Gas Conder			
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND				
	Lease Name  Buffalo Unit		me, Including Formation  Corbin Queen (Penrose)	Kind of Lease State, Federal or Fee <b>Federal</b>	
	Location Unit Letter A ; 66	50 Feet From The North Lin	e and Feet Fro	n The <b>East</b>	
	Line of Section 34 To	ownship <b>18S</b> Range		ea County	
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	ıs	roved copy of this form is to be sent)	
	Miller Oil Purchasing	<del></del>	P.O. Box 1308, Jackson	a. Mississippi 39205	
	Name of Authorized Transporter of Co		Address (Give address to which app	roved copy of this form is to be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:		
- • •	Designate Type of Completi	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.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUDING CASING AND	A CEMENTING DECARD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	11000012				
V.	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.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF	
	CAG WELL	į.			
	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	
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	ATION 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.		APPROVED DEC 8 137 19		
			BY Jerry Sen	tos	
			TITLE		
	<i>f</i>	/		n compliance with RULE 1104.	
*	· Cececy sie	nature)	well, this form must be accom	owable for a newly drilled or deepened panied by a tabulation of the deviation	
	Agent	1966 tal E /	tests taken on the well in acc	cordance with RULE 111.	
		Citle)	All sections of this form able on new and recompleted	must be filled out completely for allow- wells.	

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.

150 8 **1975** 

CI CONSERVATION COMM.