	AD. OF CAPICO RECLIVED			ļ.;	-		
-	DISTRIBUTION		DUSTRIVATION COM.	JON	Form C-104 Superveiles Old	Born C-101 Superscript Old G-104 and G-11	
}	SANTA PE	KEGUEST	FOR ALLOWABLE AND		Ellective 1-1-65	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ļ	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND	NATURAL G	AS		
	IRANSPORTER GAS			•			
t	OPERATOR	•					
	PRORATION OFFICE						
	FXXON CORPE	NATION 1, OLAND, TEXAS	•			-	
	Box 1600 M	GOLAND TEXAS	79701		•		
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Pleas	e explain)			
- 1	Recompletion	OII Dry Ger				•	
. [Change in Ownership	Casinghead Gas 🔀 Conden	sate [
If change of ownership give name and address of previous owner							
t. 1	DESCRIPTION OF WELL AND L	EASE			•		
	Legge Name	Well No.: Pool Name, Including Fo	ormation	Kind of Lease State, Fadaust	1	B-436	
•	Location						
١	Unit Letter D: 660 Feet From The NORTH Line and 660 Feet From The WEST						
	Line of Section 22 Township 17-5 Range 34-E , NMPN, LEA County						
I. j	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S		· ,	<u>,</u>	
	Name of Authorized Transporter of Oil		1		ed copy of this form is to S, TEXAS 75 ed copy of this form is to		
•	MOBIL OIL COR						
	PHILL IPS PET.	Unit Sec. Twp. P.ge.	1s gas actually connec		DESSA, TEXA.	5 74762	
		D 22 1/25 34E h that from any other lease or pool,	,	! /	0-9-72	 	
7.							
	Designate Type of Completion	n - (X) Gas Well Gas Well	Now Well Workover	Deepen	Plug Back Same Hest	Diff. Resty.	
.	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.;	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth	· · · ·	
	Perforations				Depth Casing Shoe	· · · · · · · · · · · · · · · · · · ·	
.		CEVENTING DECO	10				
- }	TUDING, CASING, AND HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
W TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to						tead top all:	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to er able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Preducing Method (Flow, pump, gas lift, etc.)							
	Date First New Cit Run 10 1 anks						
	Length of Tool	Tubing Pressure	Casing Preseure		Choke Size	•	
	Actual Pred. During Tool	Oil-Bhis.	Water - Bhis.	•	Gas-MCF		
. !			<u> </u>	<u> </u>	L		
	GAS WELL Actual Frod, Test-MCF/D	Length of Test	Bble. Consensus/And	F	Gravity of Condensate		
	•				Choke Size		
	Testing kisihad (putot, back pr.)	Tubing Pressure (Shut-14)	Casing Pressure (Sha	-14)	CROES SIES		
7.	CERTIFICATE OF COMPLIANC	Œ .	(1	akan sa sa jiya ka sa	TION COMMISSION	•	
	. I hereby cartify that the rules and r	APPROVED 19					
	Commination have been complied washore is true and complete to the	BY	Orig. Signed by Jerry Sexton				
		TITLE	Dist L Su				
		This form is t	This form is to be filed in compliance with RULE 1104.				
	N. F. O	wall this form our	If this is a request for allowable for a newly dellied or despensed well, this form must be accompenied by a tobulation of the deviation tasks taken on the well in accordance with nucl. 111.				
	SR A	All sections of this form must be filled out completely for allow- ship on now and is completed wells.					
	17 ii 9-10	12111 mut conte	Cartinum 1 11	III and VI for cham-	en al armen.		
	(1) w	well name of number, or transporter of other such thenks of condition.					

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