	NO. OF COPIES RECEIVED					
	DISTRIBUTION		CONSERVATION COMMISSION			
	SANTA FE			FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
				AND	Effective 1-1-65	
	LAND OFFICE		TION TO TRA	ANSPORT OIL AND NATURAL	. GAS	
	IRANSPORTER OIL				,	
	GAS OPERATOR					
Ι.	PRORATION OFFICE					
	(peral)r		··· · · · · · · · · · · · · · · · · ·			
	Ad trens					
	Box 663, Dallas, Reason(s) for filing (Check proper be	<u>Texas 75221</u>	<u>To Correct C</u> Other (Please explain)	To Correct C-104 Filed 11-13-68 Other (Please explain)		
	Change in Transporter of:			To change condensate take percentages		
	Recompletion         Oll         Dry Ga           Change in Constraints         Casinghead Gas         Conder			due co change co 040 acre spacing		
			Conder	nsate 🔲 as of December	28, 1967	
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND LEASE Leave Name Well No., Pool Name, Including Formation Kind of Lease					
	Amerada Federal			ido North Morrow	State, Federal or Fee Federal	
	Location Unit Letter N ; 66	0Feet From The_	South Lir	ne and Feet From	m The West	
	Line of Section 17 , T	ownship 20-S	Range 3	6-е , ммрм,	Lea County	
111	DESIGNATION OF TRANSPOL				<u></u>	
	DESIGNATION OF TRANSPOL	il or Condensa		Address (Give address to which app	roved copy of this form is to be sent)	
	The Permian Corporation - 54.24 % Famariss Oil & Refining Co 45.76 % Name of Authorized Transporter of Casinghead Gas or Dry Gas			Box 3119, Midland, Texas 79701 Box 980, Hobbs, New Mexico 88240 Address (Give address to which approved copy of this form is to be sent)		
	Name of Authorized Transporter of C Phillips Petroleum Co	Diverse Authorized Transporter of Casinghead Gas or Dry Gas Phillips Petroleum Company			Address (Give address to which approved copy of this form is to be sent) Phillips Building, Odessa, Texas 79760 Box 67, Monument, New Mexico	
	Warren Petroleum Company		wr. Rge.		Mexico	
	it well produces oil or liquids, onthe Sec. Twp. Age. Is give location of tanks,					
IV.	If this production is commingled w COMPLETION DATA		lease or pool,	give commingling order number:		
	Designate Type of Complet	ion - (X)	Gas Well	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.	
	i'ool Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth		
	Perforations			den en e	Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUE		DEPTH SET	SACKS CEMENT	
				\$ 		
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 allow- OIL WELL (Description of the second					
	Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pump, gas	lift, etc.)	
	Length of Test	Tubing Pressure		Contra Decement		
	Cendin of Test	I ubing Pressure		Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.		Water-Bbls.	Gas • MCF	
	GAS WELL Actual Prod. Test-MCF/D Length of Test		Bbls, Condensate/MMCF			
				Buist Condenadie/ MMCP	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pressure	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION		
	hereby certify that the subscended constant and the Otto Otto O					
	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.			al Alan		
	above is true and complete to th	nove is the and complete to the best of my knowledge and beller.			BY TO THE STORE	
				TITLE	2 11 7 W B2 W	
	hall to the				compliance with RULE 1104.	
	(Signature)			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		
	Clerk			tests taken on the well in acc	ordance with RULE 111.	
	(Title)			All sections of this form m able on new and recompleted v	ust be filled out completely for allow- vella.	
	(Date)			Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.		
	•				· · · · · · · · · · · · · · · · · · ·	

Fill out Sections I, II, III, and VI only 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