Reason(s) for filing (Check prope	AUTHORIZATION TO AUTHORIZATION TO 5 - NMOCC 1 - W. L. Boone 1 - R. H. Coe 1 - File er Oil Company	Other (Please explain	C, Supersedes Old C-104 and C-11 Effective 1-1-65
I lew Well <b>X</b> Recongliction <b>1</b> That is in connership <b>1</b> If change of ownership give national and address of previous owner <b>1. DESCRIPTION OF WELL A</b>	Casinghead Gas Co	y Gas	
Lease Name		Name, Including Formation	Kind of Lease
S. J. Sa		Wantz Abo	State Federal on Fee
			Fee Fee
onn Letter;;	2310 Feet From The West	Line and Feet	From The North
Line of Section 26	Township <b>21-S</b> Range	<b>37 Е</b> , ммрм,	<b>•</b>
			County
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL (	GAS	
Texas New Mexico Pi	LDE Line Co.	Address (Give address to which	approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas		Box 1510, Midland, 'Cexas Address (Give address to which approved copy of this form is to be sent)	
Skelly 011 Company		Box 1135, Eunice,	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When
	F 26 21 3'		5-17-67
If this production is commingled . <u>COMPLETION DATA</u>	with that from any other lease or poo	l, give commingling order number	* <b>PC-210</b>
	Oil Well Gas Well	New Well Workover Deepe	
Designate Type of Comple	•	X I Deepe	Plug Back Same Res'v. Diff. Res'v.
Date Spudded <b>4-20-67</b>	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<b>4-20-01</b>	5-17-67	7300 1	7287 1
Wants Abo	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	Abo	6784 1	67381
6784 - 72731			Depth Casing Shoe
	TUBING, CASING, AN	ND CEMENTING RECORD	7299 1
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u> 11	13-3/8	377 1	325
7-7/8"	8-5/8	29571	1500
	5-1/2	7299 !	1000
EST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of the last	
Date First New Oil Run To Tanks	able for this a	- , , , , , , , , , , , , , , , , , , ,	oil and must be equal to or exceed top allow-
5-17-67	Date of Test	Producing Method (Flow, pump, ge	as lift, etc.)
ength of Test	5-19-67 Tubing Pressure	<b>Flow</b> Casing Pressure	
24 hrs.	150	2-2-14 I 1605016	Choke Size
ctual Prod. During Test	Oil-Bbls.	Water - Bbls.	
112	112	None	103
AS WELL			
tual Prod. Test-MCF/D	Length of Test	Bbls Condenants (19/07)	
		Bbls. Condensate/MMCF	Gravity of Condensate
ting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
TIFICATE OF COMPLIAN	NCE	OIL CONSER	VATION COMMISSION
eby certify that the			A CONTRACTOR OF
eby certify that the rules and regulations of the Oil Conservation have been complied with and that the information given		APPROVED	, 19
is true and complete to th	he best of my knowledge and belief.	BY	·
•		TITLE	
Original Signed By			
C. L. WADE		This form is to be filed in 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 doministra	
Area Supt.		lesis taken on the well in ac	cordance with RULE 111.
	itle)	All sections of this form able on new and recompleted	must be filled out completely for allow- wells.
<b>May 22, 1967</b>	ate)	Fill out Sections I. II. I	II. and VI only for changes of owner
1-		wen name or number, or transp	orter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.