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SANTA FE		
FILE U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR	REQUEST F	ONSERVATION COMMISSI? FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS	
I.	PRORATION OFFICE Operator				
	KING RESCURCES COMPANY				
	% GRUY MANAGEMENT SERVICE CO. 2501 CEDAR SPRINGS ROAD, DALLAS, TEXAS 75201				
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well Recompletion	Change in Transporter of: Oil XXX Dry Gas	· [
	Charige in Ownership	Casinghead Gas Conden	sate		
	If change of ownership give name and address of previous owner				
IJ.	DESCRIPTION OF WELL AND I	LEASE Wel. No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
	Lease Name NANCY	1 WANTZ ABO	State, Federal	-	
	Location		1 000	77	
	Unit Letter N: 660	Feet From The S Line	e and 1,980 Feet From T	he West	
	Line of Section 24 Tow	waship 21-S Range 3	7-E , NMPM, Lea	County	
II.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)	
	THE PERMIAN CORPORATION	ON	P.O.BOX 1183: Houston.	Texas 77001	
	Name of Authorized Transporter of Cas	iInghead GasXXX or Dry Gas	Address (Give address to which approv		
	SKELLY OIL COMPANY If well produces oil or liquids,	Unit Sec. Twp. Rge.	P.O.BOX 1135; Eunice, Is gas actually connected? Whe		
	give location of tanks.	N 24 21-S 37-E		<u>-t</u>	
FV	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Designate Type of Completion	on - (X) Gas Well	New Well Workover Deeper	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of demptors	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	
	Elevations (Dr., RAB, RI, GR, etc.)	Number of Producting Commission			
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allowe	
•	OIL WELL Date First New Cil Run To Tanks Date of Test Date of Test Able for this depth or be for full 24 hours Producing Method (Flow, pump, gas lift, etc.)				
				Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure	CHORA 2124	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	GAS WELL			To the doctor	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
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.		APPROVED	, 19		
		BY	3		
	and to the and complete to the	, -	TITLE		
	BARRO DILL Bob R. O'Dell (Signature)		I his form is to be filed in compliance with R LE 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 accor	dance with RULE 111.	
		GENT itle)	All sections of this form mu	at be filled out completely for allow-	

FEBRUARY 13, 1974

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.