

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

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

Operator King Resources Company	
Address 2410 Houston Natural Gas Building, Houston, Texas, 77002	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Continuation <input type="checkbox"/> Change of operator	
If change of ownership give name and address of previous owner Capataz Corporation, 103 Wall Towers West, Midland, Texas	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nancy	Well No. Pool Name, including Location 1 Wantz ABO	Kind of Lease State, Federal or Fee Fee	Lease No. 13636
Location Unit Letter: N 660 Feet From The S Line and 1980 Feet From The West Line of Section 24 Township 21-S Range 37E Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas, 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1135, Eunice, New Mexico, 88231	
If well produces oil or liquids, give location of tanks. Unit N Sec. 24 Twp. 21-S Rge. 37-E	Is gas actually compressed? <input type="checkbox"/> When	

If this production is commingled with that from any other lease or pool give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	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.)	None of Producing Formation		Top Oil/Gas Lay		Tubing Depth		
Perforations					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be over recovery of test 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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate - MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

John Brim John Brim
(Signature)

Division Office Manager

(Title)

January 2, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED

Orig. Signed By
Joe D. Ramey

BY

TITLE

SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1104.

If you request for allowable for a newly drilled or deepened well, this request must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name, number, or transporter, or other such change of condition.

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