	DISTRIBUTION SANTA FE FILE	REQUESTI	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL C	Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65 AS
1.	LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator			
	Kern Co. Address 3005 North Big S Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner	F		
11	DESCRIPTION OF WELL AND	I FASE		
	Lease Name Speight	Well No. Pool Name, Including Fo	ormation Kind of Lease State, Føderal	
	Unit Letter K ; 198	0Feet From The NorthLine	e and <u>1980</u> Feet From T	The West
	Line of Section 7 Tov	mship 21S Range	37-Е , ММЕМ, Lea	County
11.	. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA		Address (Give address to which approv P. O. Box 1183, Houston	n, <u>TX</u> 77001
	Name of Authorized Transporter of Case Phillips Petroleum Comp		Address (Give oddress to which approv Bartlesville, Oklahoma	
	If well produces oil or liquids, give location of tarks.	Unit Sec. Twp. Eqe. K 7 21-S 37-E	Is gas actually connected? Whe NO As	s soon as possible
11.7	If this production is commingled win COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	
	Oli Well Gas Well New Well Workover Deepen Plug Back Same Hesty Diff. Hesty Designate Type of Completion - (X) X X X X X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	<u>4/24/85</u> Elevations (DF, RKB, RT, GR, etc.)	5/15/85 Name of Producing Formation	4250' Top Cil/Gas Paj	4201' Tubing Depth
	3480' GL	Queen	3450'	3500' Depth Castry Shoe
	3556 to 3684 w 32 shots TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	11"	8 5/8"	303'	150 sx circulated
	7. 7/8"	5 1/2"	4250'	1075 sx circulated
V.	TEST DATA AND REQUEST F		i fter recovery of social volume of load oil (i and must be equal to or exceed top allow
• •	OIL WELL able 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.)			't, etc.)
	5/15/85	5/17/85	Flowing Casing Pressure	Choke SIze
	Length of Test 24 hours	Tubing Pressure 80 psig	90 psig	24/64"
	Actual Prod. During Test	OII-Bble. 4 BO	Water-Bbls. 1 bbls	Gas-MCF 298
	GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gurity of Condeneute
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-ia)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIAN	 CE	11	TION 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.		APPROVEDAUG 2 1 1985, 19 BYDHIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
			TITLE This form is to be filed in compliance with HULE 1104. If this is a request for showable for a newly dilled or despene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accompanies with HULE 111. All socions of this form on the First out an optimity for allow when now and accompanies were. Fill out only accompanies in the first out an optimized in anne- well name or number, or handporter, of other state campe of communi- well name or number, or handporter, of other state campe of communi-	
	Millian I Run			
	(Signature)			
	U Engineer (Tule)			
	5/31/85 (Dute)			
	<i>ע</i> .	,	Separate comms C-104 mus	a be mich for each pool in marry-

RECEIVED JUL 1 2 1985

÷

1

· •