-	DISTRIBUTION SANTA FE		REQUEST			FOR ALLOWABLE AND			Form C-104  Supersedes Old C-104 and Effective 1-1-65
	FILE								
	U.S.G.S.	AUTHO	AUTHORIZATION TO TRA			OIL AND N	IATURAL C	GAS	
	LAND OFFICE	-							
	IRANSPORTER GAS								
-	OPERATOR								
I.	PRORATION OFFICE								
	Gall' Cil Corporation								
	Address XX 670, Nobbs, Ma	ir Nascico							
7	Reason(s) for filing (Check proper	box)			C	ther (Please	explain)	Armina raci	som T. Comment Transaction
:	New Well	Change in	Transporter	of:			ne pojeti Ge teme		well number
	Recompletion	Oil		Dry Ga	is _		-		
	Change in Ownership	Casinghea	d Gas	Conder	nsate	Was Br	unson-Ar	go #2	
II. I	DESCRIPTION OF WELL A Lease Name Douth Penrose Shall Location	ND LEASE	Well N	Io. Pool Na	me, Including		Aprin	Kind of Lea State, Feder	se ralor Fee <b>Fee</b>
II. I	DESCRIPTION OF WELL A Lease Name Couch Penrose Skel Location Unit Letter A;	ND LEASE	Well N	lo. Pool Na	me, Including	Formation	Feet From	State, Feder	
II. I	DESCRIPTION OF WELL AND Lease Name  Douth Penrose Shall Location  Unit Letter A;  Line of Section 9  DESIGNATION OF TRANSP	ND LEASE  Ly Unit 9  660 Feet From Township 228	m The NAT	Pool Nance Penro P	me, Including SO Jkol	Formation  Formation  Formation  NMPM,	_ Feet From '	State, Feder The 68	eal or Fee Fee
II. I	DESCRIPTION OF WELL A Lease Name Douth Penrose Shell Location Unit Letter A; Line of Section 9	ND LEASE  Ly Unit 9  660 Feet From  Township 228  ORTER OF OIL	Well N	Pool Nance Penro P	me, Including 50 Jkal  ae and  37E  Address (6	Formation  J - Gray  660  , NMPM,  ive address t	Feet From  Lowhich appro	State, Feder The	Co
II. <u>I</u>	DESCRIPTION OF WELL A Lease Name Location Unit Letter A; Line of Section DESIGNATION OF TRANSP Name of Authorized Transporter o	ND LEASE  Ly Unit 9  660 Feet From  Township 228  ORTER OF OIL  FOIL OF CONTROL ON	m The	Pool National Po	me, Including 50 Jkal  ae and  37E  Address (6  Dex 1:  Address (6)	Formation  Formation  Formation  NMPM,  ive address t  ive address t	Feet From  Lowhich appro	State, Feder The	eal or Fee Fee
II. I	DESCRIPTION OF WELL A Lease Name Douth Penrose Shell Location Unit Letter A Line of Section DESIGNATION OF TRANSP Name of Authorized Transporter o Shell Pipeline Sor	ND LEASE  Ly Unit 9  660 Feet From  Township 228  ORTER OF OIL  FOIL OF CONTROL ON	AND NAT	Pool National National Pool National Nat	Me, Including SO JKOL  A Address (G  Address (G  Address (G  Address (G	Formation  Formation  Formation  NMPM,  ive address t  ive address t	Feet From  o which appro  Lind, Tes  o which appro  ice, Let.	State, Feder The	Co  is form is to be sent)  is form is to be sent)
II. I	DESCRIPTION OF WELL A Lease Name Location Unit Letter Line of Section DESIGNATION OF TRANSP Name of Authorized Transporter of Section Section Name of Authorized Transporter of Skelly Uil Cos. party	ND LEASE  Ly Unit 9  660 Feet From  Township 28  ORTER OF OIL  f Oil From or Componition  f Casinghead Gas	Mell N  The TK  AND NAT  ondensate   or Dry (	Pool Nance  Penro  Penro  Pange  CURAL GA	me, Including SO JKOL  Address (G DOX 1)  Address (G DOX 1)  Is gas actu	Formation  y - Gray  660  , NMPM,  ive address t  10, 11d  ive address t  135, Eur	Feet From  o which appro  Lind, Tes  o which appro  ice, Let.	State, Feder The	Co  is form is to be sent)  is form is to be sent)
II. I	DESCRIPTION OF WELL A Lease Name Location Unit Letter Line of Section  DESIGNATION OF TRANSP Name of Authorized Transporter o Shell Pipeline Sor Name of Authorized Transporter o Kelly Vil Conpany  If well produces oil or liquids, give location of tanks.  If this production is commingled	ND LEASE  Ly Unit 9  660 Feet From Township 228  ORTER OF OIL FOIL OF CONTROLON  f Casinghead Gas  Unit Sec.	Mell N  The   AND NAT  ondensate   Twp.  728	Pool Nance  Fenro  Porth Lin  Range  Fural GA  Fige.  378	me, Including SO IKOL  Me and  AS  Address (G DOX 1)  Is gas actu	Formation  Formation  Formation  NMPM,  ive address t  ive address t  ive address t  ally connected  I as	o which appro Land, Tes o which appro ice, Let:	State, Feder The	Co  is form is to be sent)  is form is to be sent)
II. I	DESCRIPTION OF WELL A Lease Name Location Unit Letter Line of Section DESIGNATION OF TRANSP Name of Authorized Transporter of Section Name of Authorized Transporter of Skelly Oil Conputy If well produces oil or liquids, give location of tanks.	ND LEASE  Ly Unit 9  660 Feet From Township 228  ORTER OF OIL four For Corporation f Casinghead Gas  Unit Sec.	AND NAT ondensate Twp.	Pool Nance  Fenro  Porth Lin  Range  Fural GA  Fige.  378	me, Including SO IKOL  Me and  AS  Address (G DOX 1)  Is gas actu	Formation  Formation  Formation  NMPM,  ive address t  ive address t  ive address t  ally connected  I as	o which appro Land, Tes o which appro ice, Let:	State, Feder The	Co  is form is to be sent)  is form is to be sent)
II. I	DESCRIPTION OF WELL A Lease Name Location Unit Letter Line of Section  DESIGNATION OF TRANSP Name of Authorized Transporter o Line of Section O Line of S	ND LEASE  Ly Unit 9  660 Feet From Township 228  ORTER OF OIL four For Corporation f Casinghead Gas  Unit Sec.	AND NAT ondensate Twp.	Pool National Nat	me, Including  SO IKOL  AS  Address (G  DOX 1)  Is gas actual  give commi	Formation	o which appro Land, Fed o which appro ice, Let	State, Feder The 68  ved copy of the 1 excitor Inknow	cal or Fee
II. I	DESCRIPTION OF WELL A Lease Name Location Unit Letter Line of Section  DESIGNATION OF TRANSP Name of Authorized Transporter o Unell Fireline Corr Name of Authorized Transporter o Unell Fireline Corr Name of Authorized Transporter o Unell Fireline Corr Name of Authorized Transporter o Unelly Oil Corr Name of Authorized Transporter	ND LEASE  Ly Unit 9  660 Feet From Township 228  ORTER OF OIL foll or Comporation f Casinghead Gas  Unit Sec.	AND NAT ondensate Twp.  Twp.  22S  y other lease il Well eady to Proc	Forth Lin Range  CURAL GA  Fige.  Fige.  Gas Well  d.	Me, Including SO JKOL  As Address (G  COX 1)  Address (G  COX 1)  Is gas actu  give commi	Formation  Formation  Formation  Formation  Formation  Formation  In the second of the	o which appro Land, Fed o which appro ice, Let	State, Feder The	Co  is form is to be sent)  is form is to be sent)  Same Res'v. Diff.
II. I	DESCRIPTION OF WELL A Lease Name Location Unit Letter Line of Section  DESIGNATION OF TRANSP Name of Authorized Transporter of Section Name of Authorized Transporter of Skelly Oil Company If well produces oil or liquids, give location of tanks. If this production is commingled COMPLETION DATA  Designate Type of Comp	ND LEASE  Ly Unit 9  660 Feet From Township 228  ORTER OF OIL FOIL OF CONTROLON  CONTROL	AND NAT ondensate Twp.  Twp.  22S  y other lease il Well eady to Proc	Forth Lin Range  CURAL GA  Fige.  Fige.  Gas Well  d.	me, Including SO IKOL  A Address (G  Addre	Formation  Formation  Formation  Formation  Formation  Formation  In the second of the	o which appro Land, Fed o which appro ice, Let	State, Feder The	Co  is form is to be sent)  Same Res'v. Diff.

CASING & TUBING SIZE

Date of Test

Oil-Bbls.

Tubing Pressure

Length of Test

Tubing Pressure

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.

(Title)

(Date)

6.11

HOLE SIZE

Date First New Oil Run To Tanks

OIL WELL

Length of Test

**GAS WELL** 

Actual Prod. During Test

Actual Frod. Test-MCF/D

-av 13, 1965

resting Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Too Production Anager

V. TEST DATA AND REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

County

Same Res'v. Diff. Res'v.

SACKS CEMENT

Water-Bbls. Gas-MCF Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure Choke Size OIL CONSERVATION COMMISSION APPRÓVEC Supervisor, District il TITLE This form is to be filed in compliance with RULE 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 accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. 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 completed wells.

Choke Size

DEPTH SET

Producing Method (Flow, pump, gas lift, etc.)

Casing Pressure

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)