-	and the second	and the second s	<b>b</b>						
	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE I RANSPORTER GAS	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL GAS						
I.	OPERATOR PRORATION OFFICE Operator								
	MKA Oil Proper	ties							
	304 Midland National Bank Bldg., Midland, Texas 79701         Reason(s) for filing (Check proper box)         New We!!       Other (Please explain)         New We!!       Oil         Recompletion       Oil         Change in Ownership       Casinghead Gas								
	If change of ownership give name and address of previous owner	Schio Petroleum Co.	, First Nat'l. Offic	ce_Bldg.,_Oklahoma City, Okla.					
11.	DESCRIPTION OF WELL AND L	EASE Well No.; Pool Name, Including Fo	rmation Kind of Lease	Lease No.					
	Lease Name Penrose Location	1 Brunson Elle 80 Feet From The North Line	enburger State, Federal	<sup>cr Fee</sup> Federal 069162 he West					
				Lea County					
	Line of Section 9 Town	nship 22 South Range 37	East , NMPM,						
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address to which approv						
	The Permian Co Name of Authorized Transporter of Cast	inghead Gas 🔬 or Dry Gas 🗔	1509 W. Wall, Midla: Address (Give address to which approv	nd, Texas 7970] ed copy of this form is to be sent)					
	Skelly Pipelin		P. O. Box 1650, Tul	sa, Oklahoma 74102					
	If well produces oil or liquids, give location of tanks.			Unknown					
IV.	If this production is commingled with COMPLETION DATA	Plug Back Same Res'v. Diff. Res'v.							
	Designate Type of Completio	• •	New Well Workover Deepen						
	Date Spudded	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					
	Perforations			Depth Casing Shoe					
			CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
				•					
				i					
V.	TEST DATA AND REQUEST FO	able for this de	fter recovery of total volume of load off pth or be for full 24 hours) Producing Method (Flow, pump, gas lij	and must be equal to or exceed top allow-					
	Date First New Oil Run To Tanks	Date of Test							
	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/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 CONSERV	STAN COMMISSION					
	I hereby certify that the rules and a	regulations of the Oil Conservation	APPROVED	, 19					
	a toto have been complied u	with and that the information given be best of my knowledge and belief.	BY ALL ALLA						
			TITLEUNERVISOR D						
	Michael-J-	Elei-		compliance with RULE 1104. vable for a newly drilled or deepened					
	C (Sign	ature)	If this is a request for anomaled by a tabulation of the deviation 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 allow- able on new and recompleted wells. 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.						
	•	tle)							
	May 13. (Da	<u>1971</u> ate)							

BOLC ON HOW										
Fill out well name or	number,	or tran	sporte	n or	other	a u u	in cha	inge o		
Separate completed we	Forms	<b>C-1</b> 04	must	Ъe	filed	for	each	pool	in n	nultiply
Completed we										



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MAY 191971 OIL CONSERVATION COMM. HOBBS, N. 12