SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65
U.S.G.S.		AND	
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATUR	RAL GAS
OIL	-		
TRANSPORTER GAS  OPERATOR			
PRORATION OFFICE			
Operator			
John H. Hendrix			
403 Wall Towers West	Midland, Texas 797		
Reason(s) for filing (Check proper box		Other (Please explain	·)
Recompletion	Change in Transporter of:	- Fffortive Oct	-chor 1 1072
Change in Ownership X	Oil Dry Go Casinghead Gas Conde	F=	Lober 1, 1972
If change of ownership give name and address of previous owner WO	1fson Oil Company, 3206	Republic National Ba	ank Tower, Dallas Texas 752
DESCRIPTION OF WELL AND Lease Name	LEASE   Well No.; Fool Name, Including F	ormation Kind of	Lease Lease No.
Thomas Long	3 Drinkard, Dri	inkard State, I	Federal or Fee Fee
Location			
Unit Letter K ; 1650	Feet From The South Lir	ne and 2310 Feet	From The West
Line of Section 11 Tov	waship 22 South Range 3	37 East , NMPM,	Lea County
DESIGNATION OF TRANSPORT			approved copy of this form is to be sent)
Shell Pipeline Corporation  Name of Authorized Transporter of Casinghead Gas 🛣 or Dry Gas 🗔		P.O. Box 1509, Midland, Texas 79701  Address (Give address to which approved copy of this form is to be sent)	
Skelly Oil Company		P.O. Box 1650, Tuls	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	N 11 22 S 37 E	Yes	Unknown
If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number	
Designate Type of Completion	on - (X)	New Well Workover Deep	en 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.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Perforations	<u> </u>		Depth Casing Shoe
	TUDING CACING AND	CEUENTING DECORD	
NOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TOBING SIZE.	DEFINSE	SACKS CEMENT
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fier recovery of total volume of loc pth or be for full 24 hours)	nd oil and must be equal to or exceed top allow
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		<del>-</del>	
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
CERTIFICATE OF COMPLIANC	CE		RVATION COMMISSION
		APPROVED SE	P 1 8 1972 Cylin Staned by 19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		DELLO SED	O :- Signed by
above is true and complete to the	best of my knowledge and belief.	BY	Joe D. Ramey Dist. I, Supv.
		Dist. 1, Supvi	

## VI.

7	(Signature)	·

September 14, 1972

(Title) Accountant (Date)

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

If this is a request for silowable 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 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

William Will

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