NO. OF COPIES RECEIVED  DISTRIBUTION		ONSERVATION COMMISSION	Form C-104
FILE U.S.G.S.		FOR ALLOWABLE AND NSPORT OIL AND NATURAL GAS	Supersedes Old C-104 and C-11 Effective 1-1-65
LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS	
TRANSPORTER GAS OPERATOR		CHARLE O. COMPANY TO A STATE OF THE STATE OF	
PRORATION OFFICE Operator		A DIVISION OF THE STATE OF THE	140 H
TEXAS PACIFIC OIL CO	1PANY	EPROPER MAY 1, 1989	
Address  P. O. Box 1069 - Hob	ba, New Mexico 88240		
Reason(s) for filing (Check proper box  New We!!  Recompletion  Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	commingling with Wal (Paddock and Penrose	
If change of ownership give name and address of previous owner			
Lease Name	Well No. Pool Name, Including F	ormation Kind of Lease State, Federal or F	Lease No.
E. W. Walden	7 Drinkard		766
Unit Letter <u>D</u> ; 99	Feet From The North	e and 330 Feet From The	West
Line of Section 15 To	wnship 22-S Range	37-E NMEM, JANUARY 31,	1977, County
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	SECTION OF COMPANY A	MERGED
Name of Authorized Transporter of Oil Shell Pipeline	or Condensate	P. O. Box 1509 - Midland	. Texas
Name of Authorized Transporter of Ca	singhead Gas 🙀 or Dry Gas 🗔	Address (Give address to which approved co	opy of this form is to be sent)
Skelly Oil Company  If well produces oil or liquids,	Unit Sec. Twp. Ege.	P. O. Box 1550 - Tulsa. Is gas actually connected? When	UKTANGAR
give location of tanks.	<b>D</b> 15 22 37		originally completed
If this production is commingled wi . COMPLETION DATA	th that from any other lease or pool,		PC-315  g Back   Same Res'v.   Diff. Res'v
Designate Type of Completi		New West Workover Deepen Pro	g Back Same Head II Same Head
Date Spudded	Date Compl. Ready to Prod.	Total Depth P.E	3.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay Tu	ping Depth
Perforations		De	oth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil and nepth or be for full 24 hours)	nust be equal to or exceed top allow
OIL WELL  Date Firs: New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.	.)
Length of Test	Tubing Pressure	Casing Pressure Ch	oke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls. Ga	s-MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF Gr	avity of Condensate

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure (Shut-in)

Original Signed by Shelden Ward

	·	
· <del></del>	(Signature)	
	Area Superintendent	
	(Title)	
	10-28-58	
	(Date)	

## OIL CONSERVATION COMMISSION

Choke Size

Casing Pressure (Shut-in)

APPROVED

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 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.