HO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			
		_	

1/15/76

(Date)

DISTRIBUTION SANTA FE		NSERVATION COMMIS I Form C-104 OR ALLOWABLE Supersedes Old C-104 and C-1		
U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	AND SPORT OIL AND NATURAL GAS		
OPERATOR PRORATION OFFICE				
Summit Energy, Inc				
Address		0		
112 N. First, Art Reason(s) for filing (Check proper box, New We!! Recompletion	Change in Transporter of:  Oil Dry Ga	Other (Please explain)		
Change in Ownership  If change of ownership give name and address of previous owner	Casinghead Gas Conden	sate		
I. DESCRIPTION OF WELL AND	LEASE			
Gulf Sims Location	Well No. Pool Name, Including File Drinkard & Drinkard &	-8543 Z/1/31 T	l or Fee	
Unit Letter P; 66	O Feet From The East Lin	ne and 990 Feet From	rhe South	
Line of Section 25 Too	waship 22 Range	37 , ммрм, <u>L</u> e	ea County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS Address (Give address to which approx	ved copy of this form is to be sent)	
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to P. O. Box 1510, Midland, Texas  Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to		lland, Texas		
Northern Natural G	as Company	Midland, Texas		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  I 25 22 37	Is gas actually connected? Who	10 1076	
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:  New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.	
Designate Type of Completion		New Well Wolkover Deepen	X X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth 7026	P.B.T.D. 6540	
Sept. 3, 1957 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3324.6 GR	Upper Drinkard	6110  Depth Casing Shoe		
6246-6444			7026	
		D CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	13 3/8	DEPTH SET	Circ. 200 sx.	
124	8 5/8	2798	950 sx.	
7 7/8	5 1/2	7025	550 sx.	
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours)  Producing Method (Flow, pump, gas li		
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	
1445	24 hrs.	7.0	42	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Meter VI. CERTIFICATE OF COMPLIAN	1600	Packer OIL CONSERVA	22/64 ATION COMMISSION	
1. CERTIFICATE OF COMPLIAN	· · · · · · · · · · · · · · · · · · ·			
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED APPROVED	, 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		1 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V Lerry Sexton	
	. •	TIPLE DIKENSON DISTRICTY		
6.7		If this is a request for allo	compliance with RULE 1104. wable for a newly drilled or deepened	
· · · · · · · · · · · · · · · · · · ·	nature)	well, this form must be accompanied tests taken on the well in accompanied to the second seco	anied by a tabulation of the deviation	
Division Engineer		All sections of this form must be filled out completely for allow-		

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.

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11.12 15 15.76

UIL CONSERVATION COMM.
HOBBS, N. M.