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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR OFFICE OF O.C.C.  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator <b>KINGREA, PENDLETON &amp; REISER</b>	
Address <b>802 V&amp;J TOWER, MIDLAND, TEXAS 79701</b>	
Reasons for filing (check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Reming location <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>ANNIE L. CHRISTMAS</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Emice South 7 Rivers Queen</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	
Unit Letter <b>J</b>	<b>2310</b>	Feet From The <b>South</b>	Line and <b>2310</b>	Feet From The <b>East</b>
Line of Section <b>25</b>	Township <b>22-S</b>	Range <b>36-E</b>	, NMPM, <b>Lea</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
<b>The Permian Corporation</b>	<b>Box 3119, Midland, Texas</b>				
If well produces oil or liquid, give location of tanks. Unit <b>J</b>	Sec. <b>25</b>	Twp. <b>22-S</b>	Rge. <b>36-E</b>	Is gas actually connected? <b>No</b>	When

If this production is commingling with that from any other lease or pool, give commingling order number: \_\_\_\_\_

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>November 12, 1965</b>	Date Compl. Ready to Prod. <b>December 15, 1965</b>	Total Depth <b>3802</b>	P.B.T.D. <b>3769</b>					
Pool <b>Emice So. 7 Rivers Queen</b>	Name of Producing Formation <b>Queen</b>	Top Oil/Gas Pay <b>3754</b>	Tubing Depth <b>3754</b>					
Penetrations <b>3755 - 68' W/2 shots per ft.</b>			Depth Casing Shoe <b>3801</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>11"</b>	<b>7"</b>	<b>439</b>	<b>250</b>					
<b>6 1/4"</b>	<b>4 1/2"</b>	<b>3801</b>	<b>100</b>					
	<b>2" EUE</b>	<b>3754</b>						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

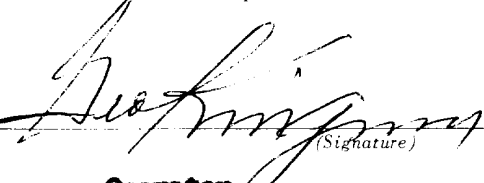
Date First New Oil Run To Tanks <b>March 21, 1966</b>	Date of Test <b>March 22, 1966</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
Actual Prod. During Test <b>16.53 bbls.</b>	Oil-Bbls. <b>16.53</b>	Water-Bbls. <b>None</b>	Gas-MCF <b>TSTM</b>

GAS WELL

Actual Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

I. CERTIFICATE OF COMPLIANCE

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.

  
Operator  
(Title)  
**March 23, 1966**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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.

00' NA ED 11 00' NA

00' NA ED 11 00' NA

00' NA ED 11 00' NA

00' NA ED 11 00' NA

00' NA ED 11 00' NA

00' NA ED 11 00' NA

00' NA ED 11 00' NA

00' NA ED 11 00' NA

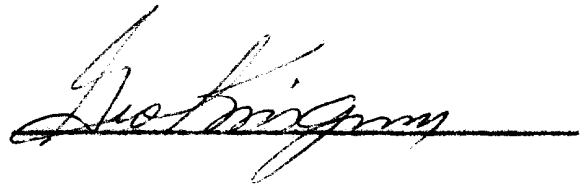
00' NA ED 11 00' NA

HOBBS OFFICE G. G. G.

MAR 25 11 44 AM '66

The Deviation Surveys listed below were taken on the KINGREA, PENDLETON & REISER #1 ANNIE L. CHRISTMAS, being 2310' FSL & 2310' FEL of SECTION 25, T-22-S, R-36-E, LEA COUNTY, NEW MEXICO, N.M.P.M. EUNICE S/7 RIVERS QUEEN POOL.

440'	1/2°
749'	1/2°
1084'	1/4°
1421'	3/4°
1970'	1 1/2°
2482'	2 1/4°
2633'	2 1/2°
2692'	2 3/4°
2752'	2 1/2°
2815'	2 °
2845'	2 1/4°
2937'	2 °
3028'	2 °
3127'	1 1/2°
3443'	1 °
3798'	1 °

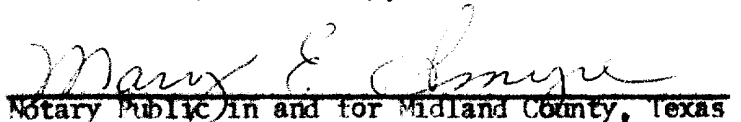


THE STATE OF TEXAS )  
COUNTY OF MIDLAND )

BEFORE ME, the undersigned, a Notary Public, in and for said County and State, on this day personally appeared GEORGE W. KINGREA, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 10th day of January, 1966.

My Commission Expires June 1, 1967

  
Notary Public in and for Midland County, Texas

