t/,					
NO. OF COPIES RECI	EIVED	i			
DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	L			
TRANSPORTER	GAS				
OPERATOR					
		1	I		

	DISTRIBUTION SANTA FE	FE REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65							
	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL GA	AS							
	LAND OFFICE	AUTHORIZATION TO TRA	110. 511 512 7113 1111 5111 2								
	TRANSPORTER GAS		•								
	OPERATOR			. :.							
ı.	PRORATION OFFICE Operator			<del></del>							
	Southwestern Na	tural Gas, Inc.		,							
	Address										
	900 Building of the Southwest - Midland, Texas 79701  Reason(s) for filing (Check proper box)  Other (Please explain)										
	New Well  Change in Transporter of:										
	Recompletion	Oil Dry Ga	<b>7</b>								
	Change in Ownership Casinghead Gas Condensate										
	If change of ownership give name and address of previous owner										
	-										
II.	I. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Kind of Lease										
	Karoles 1 Brunson, East (Drinkard) State, Federal or Fee										
	Location	747	2000	Courth							
	Unit Letter ; 99	Po Feet From The West Lin	e and 2000 Feet From T	he South							
	Line of Section 23 Tov	waship 22-S Range	37-E , NMPM, Let	ea : County							
		THE STATE OF	<u> </u>								
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA  Or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)							
	į.		P. O. Box 3119 - Midlar	nd, Texas 79701							
	Permian Corporation  P. O. Box 3119 - Midland, Texas 79701  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be s										
	None	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n							
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 23 22-S 37-E									
		<del></del>	<u> </u>								
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Description of the production of t										
Designate Type of Completion - (X) X   Gas Well   New Well   Workover   Deepen   X				Plug Back   Same Res'v. Diff. Res'v.							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
	6-27-69	10-12-69	7709'	6983'							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth							
	3326'GL	Drinkard	6379'	6137' Depth Casing Shoe							
	Perforations 6379' - 6458' -	16 Holes		7590'							
	0073 0100	TUBING, CASING, AND	CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
	11'	8-5/8" 5-1/2"	7590'	400 - Circ. 1150 - Top @ 2150'							
	7-7/8"	5-1/2"	7590	1130 100 @ 2130							
V.	TEST DATA AND REQUEST F	OATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (and have been seen as the for full 24 hours)									
	OIL WELL										
	10-0-69 Pump - 1-1/2" Insert										
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size							
	24 Hrs		Water - Bbls.	Gas-MCF							
	Actual Prod. During Test 140 Bbls.	011-Bbls. 95	45	137.7							
	140 DD13.	1 30		·							
	GAS WELL		Bbls, Condensate/MMCF	Gravity of Condensate							
	Actual Prod. Test-MCF/D	Length of Test	DDIS. COMMENSATE VINCT	3.2, 3. 3							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size							
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION							
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.    Operations Manager (Title)			APPROVED 19 BY								
						TITLE	This form is to be filed in compliance with RULE 1104.				
						This form is to be filed in o					
			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.								
							October 15, 1969	·	Fill out only Sections I II. III. and VI for changes of owner,		
						(Date)			well name or number, or transporter, or other such change of condition.		

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.