NO. OF COPIES RECE	LIVED	
DISTRIBUTIO	ON	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
TRANSPORTER	GAS	
OPERATOR		
PRORATION OF	FICE	
Operator		
Bill T Gr	aham	

NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
FILE		AND	
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GAS	1
LAND OFFICE			
OIL			
TRANSPORTER GAS			
OPERATOR			·
PRORATION OFFICE			
Operator		•	
Bill J. Graham			
Address			
P. O. Box 5321, Midl	and. Texas 79701		
Reason(s) for filing (Check proper box)	,	Other (Please explain)	
· · · · · · · · · · · · · · · · · · ·	Change in Transporter of:	Change in Open	rator - effective
New Well			
Recompletion	~~~ <del>     </del>	= 1 CD1 da1 y 2, 1	714
Change in Ownership $X$	Casinghead Gas Condens	Sales Company	
		(OOD A stire Kannait	Torra c 70745
if change of ownership give name Weand address of previous owner	est Texas Well Service,	600 E. Austin, Kermit,	1 exas 1/145
and address of previous evines	·		
DESCRIPTION OF WELL AND L	EASE		I can a Nic
Lease Name	Well No. Pool Name, Including Fo	rmation Kind of Lease	Federal NM - NO
	2 Double X Dela	aware State, Federal o	039880
Poloral Hanagan "B"			
Location	c	, 720 East Star The	E
Unit Letter P : 660	Feet From The D Line	e and 720 Feet From The	
		Τ	Count
Line of Section 15 Town	ship 24S Range	32Е , ммрм, Lea	
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which approved	t conv of this form is to be sent)
Name of Authorized Transporter of Oil	X or Condensate	1144134	
The Permian Corporati		P.O. Box 1183, Houston	n, Texas 77001
Name of Authorized Transporter of Casi:	nahead Gas 📉 or Dry Gas	Address (Give address to which approved	d copy of this form is to be sent)
		Bartlesville, Oklahoma	74003
Phillips Petroleum Cor		Is gas actually connected? When	
If well produces oil or liquids,	0.40	Yes	
give location of tanks.		<u></u>	
If this production is commingled with	that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	·		Plug Back   Same Res'v. Diff. Re
	Oil Well Gas Well	New Well Workover Deepen	1149
Designate Type of Completion	1 – (X)		P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B. 1.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, KKB, KI, GK, etc.)			
			Depth Casing Shoe
Perforations			
	The state of the s	D CEVENTING RECORD	
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
		after recovery of total volume of load oil a	nd must be equal to or exceed top t
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	epth or be for full 24 hours)	
OIL WELL		Producing Method (Flow, pump, gas lift	, etc.)
Date First New Oil Run To Tanks	Date of Test	producing Method (1 102) pomp, 5	
			Choke Size
Tool Tool	Tubing Pressure	Casing Pressure	Choke 5124
Length of Test			
	Oil - Bbls.	Water - Bbls.	Gan-MCF
Actual Prod. During Test	OII-Bbis.		
	1		
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	BDIS. Condensate/MMCF	
			Chalca Siza
The state of fairne hash no l	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)			
		OU CONSERVA	TION COMMISSION
I. CERTIFICATE OF COMPLIAN	CE		
. Chili Cara or Com and		APPROVED	
هاده کیا اور اور اور اور اور اور اور اور اور او	regulations of the Oil Conservation	n APPROVED	
I hereby certify that the rules and	with and that the information giver	APPROVED	8 ·
I hereby certify that the rules and regulations of the Circumstance of the Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			<del> </del>
shove is true and complete to the	e best of my knowledge and belief	.   61	
above is true and complete to the	e best of my knowledge and belief	TITLE	
above is true and complete to the	e best of my knowledge and belief	TITLE	compliance with RULE 1104.
above is true and complete to the	e best of my knowledge and belief	TITLE	

Fran Shampinger (Signature)	_
(Signature)	
Agent	_
(Title)	
January 7, 1974	

(Date)

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.