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FILE					
u.s.g.s.					
LAND OFFICE					
IRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION OFFICE					
Operator					
Bill J. Graham Oil & (
Address					
P. O. Box 7037, Midlar Reason(s) for filing (Check proper box)					
Reason(s) for filing (Check proper box)					
New Well					

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS		
1.	OPERATOR PRORATION OFFICE Operator					
	Bill J. Graham Oil & Address	Gas				
	P. O. Box 7037, Midl. Reason(s) for filing (Check proper bo	P. O. Box 7037, Midland, Texas 79708 Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well Change in Transporter of: Recompletion Dil Dry Gas Change operator name from Bill J. Change in Ownership Casinghead Gas Condensate Estate					
	If change of ownership give name and address of previous owner	Bill J. Grabam Estate, I	2. O. Box 7037, Midland,	Texas 79708		
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation Kind of Leas	e Lease No.		
	U. S. Smelting Federa		State Federa	of the Federal IC-062269		
	Unit Letter I ;	1980 Feet From The South Lir	ne and 660 Feet From	The East		
	Line of Section 22 To	ownship 24S Range	32E , NMPM, Lea	County		
Ш.	DESIGNATION OF TRANSPOR	RITER OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is to be sent)		
	Scurlock Oil Company	21	P. O. Box 4648 Hous: Address (Give address to which appro	ton Texas 77210		
	Phillips Petroleum Co	ompany	Phillips Building O	dessa, Texas 79760		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Yes	en		
IV.	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:			
• • •	Designate Type of Completi		New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
	TUBING. CASING. AN		CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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 Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	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		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
.,.	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	ATION COMMISSION		
VI. CERTIFICATE OF COMPENSACE		CL	55010	1984		
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.			BY ORIGINAL SIGNED BY JERRY SEXTEN			
~	_		This form is to be filed in	compliance with RULE 1104.		
Sudoma Beating (Signature) Agent			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 allow-			
12-3-84 (Date)		well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply				