1.	VO OF COPIES RECEIVED DISTRIBUTION SANTA FE FILL U.S.G.5 LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OF 15 OPERATOR	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
	Samedan Cil Corporation Address 2207 Wilco Building, M Reconstructions (Check proper box) New W- Beconstructions (Check proper box) New W- Checker Surp Checker Surp	idland, Texas 79701	s	e from Hughes "B-4"	
	and address servicus owner				
[].	4" Penrose (Queen) Unit	"Be Well No. Pool Name, Including Fo	X State, Føderal a	tr Fee Federal NM 2244	
	5.446 Centre 17 Tow	mship 23- S Range	3 7-Е , _{NMPM} , Lea	County	
111	DESIGNATION OF TRANSPORT		.S		
- 4 4 1	Texas-New Mexico Pipeli	X or Condensate ne Company	Address (Give address to which approve P. O. Box 1510, Midland	, Texas 79701	
	Name of Authorized Transporter of Cas	inghead Gas 🖍 or Dry Gas 🔤	Address (Give address to which approve P. O. Box 114, Eunice,		
	Skelly Oil Company	Unit Sec. Twp. Rge. E 17 23-S 37-E	Is gas actually connected? When Vog	toher 2, 1972	
		is production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA Designate Type of Completio	Oil Well Gas Well $Gas Well$	New Well Workover DeepenINI	LLY OIL COMPANY MERGH 2'GETTY OIL COMPANY MERGH	
	Date Spudied	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (Dr. RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perferations			Depth Casing Shoe	
	TUBING, CASING, AND 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 allou able for this depth 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	·		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bble.	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	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the ORIGINAL William	with and that the information given	APPROVED , 19 BY Orig. Signed by Joe D. Ramey TITLE Dist. I, Supy, 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		
		aiwe) duction Superintendent de)	tests taken on the well in accord	to filled out completely for allow	

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