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|---|---|------------------------------|--|---|
| NO OF COPIES RECEIVED | | | L | |
| DISTRIBUTION | | CONSERVATION COM | ISSION | Form C-104 |
| SANTAFE | | FOR ALLOWABLE | | Supersedes Old C+104 and C+1 |
| FILC | | AND | | Effective 1-1-65 |
| LAND OFFICE | AUTHORIZATION TO TR | ANSPORT OIL AND | NATURAL GAS | |
| | | | | |
| IRANSPORTER GAS | | | | |
| OPERATOR | | | | |
| I. PROBATION OFFICE | | | | |
| | roleum Corporation | | | |
| Acuess | | | | |
| | Southwest Building, H | Houston, Texa | s 77002 | |
| Reason(s) for tiling (Check proper b | | Other (Pleas | z explain) | |
| New Well Recompletion | Change in Transporter of: Oil Dry G | as | | |
| Change in Cy. ership[X] | Casinghead Gas Conde | | | |
| | | | | |
| If change of ownership give name and address of previous owner | | | | |
| II. DESCRIPTION OF WELL AN | D LEASE | • | | |
| Lease Nome | Well No. Pool Name, Including F | | Kind of Lease | MMO No. |
| Jacks B-26 | 2 7_Rivers Qu | ieen | State, Federal or Fe | • 321613 |
| Location | 1980 Seat From The S | 1090 | | •• |
| Unit Letter K ; | 1980 Feet From The S Li | ne and 1980 | Feet From The | W |
| Line of Section 26 | Township 245 Range | 37E , NMPN | 4. Lea | County |
| | | • • | | |
| I. DESIGNATION OF TRANSPO Nume of Authonized Transporter of | OIL X or Condensate | Ab Address [Give address | to which approved cop | by of this form is to be sent) |
| Shell Pipe Line C | | P. O.Box 264 | 18, Houston | , Texas 77001 |
| Name of Authorized Transporter of | Casinghead Gas 😿 or Dry Gas 🗍 | Address (Give address | to which approved cop | by of this form is to be sent) |
| El Paso Natural G | | P. O. Box 14 | | o, Texas |
| If well produces oil or liquids, | Unit Sec. Twp, Rge. | Is gas actually connect | ed? ¦When | |
| give location of tanks. | with that from any other loans or pool | give commingling orde | i | |
| If this production is commingled V. COMPLETION DATA | with that from any other lease or pool, | | | ······································ |
| Designate Type of Comple | tion - (X) | New Well Workover | Deepen Plug | Back Same Res'v. Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B. | T.D. |
| | | | | |
| Elevations (DF, RKP or or | | Top Oil/Gas Pay | Tubi | ng Depth |
| | | | Daal | h Casing Shoe |
| Perforations | EGIBLE | | Dept | il custing silve |
| 8 L L. | | D CEMENTING RECOR | ۰ | |
| HOLE | 22 | DEPTH S | | SACKS CEMENT |
| | | | | |
| | | | | |
| | 1 | | | |
| V. TEST DATA AND REQUEST | FOR ALLOWABLE (Test must be | after recovery of total vol | ume of load oil and mu | ist be equal to or exceed top allow |
| OIL WELL | able for this d | lepth or be for full 24 hour | s) | |
| Date First New Cil Run To Tanks | Date of Test | Producing Method (Flo | v, pump, gas lijt, etc., | / |
| Length of Teet | Tubing Pressure | Casing Pressure | Chok | ce Size |
| | | | | |
| Actual Proa. During Test | Oil-Bble. | Water-Bbis. | Gas | -MCF |
| | | | | |
| GAS WELL | | | | • |
| Asuai Pros. Test- MCE/U | Length of Test | Bbls. Condensate/MMC | F Grav | rity of Condensate |
| : | | | | |
| Tearing warris (pitol, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut | :-1B Choi | ke Size |
| | | | CONSERVATION | |
| I. CERTIFICATE OF COMPLIA | INCE | UL | NO 15 10 | 371 |
| I bereas and fo that the rules ar | d regulations of the Oil Conservation | APPROVED | 4000 | , 19 |
| Commission over been compiled with and that the information given above is true and complete to the best of my knowledge and belief. | | | nn. R | unyan |
| above is true und complete to | the near of my superands and parters | | Geologis | t / |
| - 1 | | TITLE | | |
| 2. R. Sho | a here | | | lance with RULE 1104. |
| I.K. Sho | main | If this is a rec | juest for allowable f at he accompanied b | for a newly drilled or deepened by a tabulation of the deviation |

| 2. R. Shompson | |
|----------------|--|
| (Signature) | |
| Agent | |
| (Title) | |

| | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111. |
|--|--|
| | All sections of this form must be filled out completely for all |

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