NO. OF COPIES RECEIVED		2	
DISTRIBUTION	NEW MEXICO OF	1 CONCEDURATION	
SANTA FE	PEOLE	L CONSERVATION CON. SION ST FOR ALLOWABLE	Form C-104
FILE	KEGOL	· · · —	Supersedes Old C-104 and C- Effective 1-1-65
U.S.G.S.	ALITHOPIZATION TO	AND	Effective 1-1-62
LAND OFFICE	AOTHORIZATION TO	TRANSPORT OIL AND NATURA	AL GAS
OIL	- - 		
TRANSPORTER GAS	+		
OPERATOR			
	+		
PRORATION OFFICE			
1 - 7	Oil and Car Ca		
Address	Oil and Gas Company		
	rings Decitation against		
rirst Sav	rings Building, Midland,		
Reason(s) for filing (Check prope	er box)	Other (Please explain)	
New Well	Change in Transporter of:	, and explain,	Formerly
Recompletion	Oil Dry	Gas Petroleum C	Corporation of Texas
Change in Ownership X	.	densate Harrison No	6
If change of ownership give na	me Dotriolous Co.		
and address of previous owner	Petroleum Corporatio	n of Texas, Box 911, E	reckenridge, Texas 7602
	TILL CHANGE ID DE ATTA		
I. DESCRIPTION OF WELL A	ND LEASE	001 I 19/[]	
Lease Name	Well No. Pool Name, Including	Formation Kind of L	ease
Cooper Jal Unit	i i	tix Seven Rivers State, Fed	Lease No.
Location	3-10 1/1201	CIA DEVEN RIVERB State, 1 ac	deral or Fee Fee
Interior F	2310 N	- /	
Unit Letter;	2310 Feet From The N	Line and 1650 Feet Fro	om The W
25			140
Line of Section 23	Township 24-S Range	36-E , NMPM.	Lea
			County
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL	GAS	
Name of Authorized Transporter o	f Oil or Condensate	Address (Give address to which on	proved copy of this form is to be sent)
Temporarily Aba	ndoned Oil Well	to the dates to which up	proved copy of this form is to be sent)
Name of Authorized Transporter o	f Casinghead Gas or Dry Gas		
	or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks,			
If this production is commingled	I with that from any site to		
COMPLETION DATA	with that from any other lease or poo	l, give commingling order number:	9
	Oil Well Gas Well	New Well Workover Deepen	
Designate Type of Compl	etion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	TD C I D		
Date opadaed	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			Dorah Carri Ol
			Depth Casing Shoe
	TURING CACING A		
HOLE SIZE		ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND DECLICO	FOR ALLOWANT -	1	<u> </u>
TEST DATA AND REQUEST OIL WELL	FUR ALLOWABLE (Test must be	after recovery of total volume of load of	l and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	epit or de jor juit 24 nours)	
On hun to tanks	Date of 1681	Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		İ	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	[GGS-MCF
GAS WELL			
Actual Prod. Test-MCF/D	I as a shared as	-	
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			3.1084 3124
CERTIFICATE OF COMPLIA	NOE		
CANTIFICATE OF COMPLIA	NUL	OIL CONSERVA	ATION COMMISSION
			2 10 ZA
hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	(107U) 19
Commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief,		1.0	
		BY	Vanily
		TITLE CLOTOVICOD	DICTRI
Z 1m		This form is to be filed to	DISTRICT : compliance with RULE 1104.
× 1m		to me inted in	compitation with RULE 1104.

Im Id
District Manager
(Title)

SEP 28 1970

(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