ļ	NO. OF COPIES RECEIVED	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLEICE B. B. B. B. AND		
	DISTRIBUTION			
Ì	SANTA FE			Form C-104 Supersedes Old C-104 and C-11
	FILE	REQUEST	AND.	Effective 1-1-65
	U.S.G.S.	AND, AND, AND, AND, AND, AND, AND, AND,		۸ς
	LAND OFFICE	AUTHORIZATION TO TRA	MAZICIÉN COL MINISTRA MASE O	A3
	IRANSPORTER OIL		78	
	GAS			
	OPERATOR		·	
1.	PRORATION OFFICE			
	Operator DTA Oct 1 D A			
	BTA Oil Producers Address			
ļ	104 South Pecos, Mi		Other (Please explain)	
	Reason(s) for filing (Check proper bo	Change in Transporter of:	Other (Freuse explain)	
	New Well X			/ / /
	Recompletion	Oil Dry Ga Casinghead Gas Conder		4 . 1 . 1 h
	Change in Ownership	Casingheda Gas Conder	issure	
	If change of ownership give name and address of previous owner		· · · · · · · · · · · · · · · · · · ·	
		7 .		
П.,	DESCRIPTION OF WELL AND	LEASE Well No Foo Ng	ga Including Formation	Kind of Lease
	Lease Name	Lease No. Well No. Pool Na	me Including Formation - Pennsy Canian R-3455	State Federal or Fee
	MAR 679 Ltd.T.B.#	2 OG 5002 2 Unde	esignated Penn.	State State
	Location  Unit Letter $M$ ;;	660 Feet From The South Lin	ne and 660 Feet From T	heWest
			34-E , NMPM,	Lea County
,	-		,,,	n_nea
и.		RTER OF OIL AND NATURAL GA	AS Address (Give address to which approv	ed conv of this form is to be sent)
	Name of Authorized Transporter of C		i	
	Pan American Petrol	eum Corp. (Trucks)	P. O. Box 591, Tulsa, Address (Give address to which approv	Oklahoma 74102
i	Name of Authorized Transporter of Co		 	
	WARREN PETROLEUM CC		P. O. Box 1589, Tulsa, Is gas actually connected?	
	If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   E   5   10-S   34-E		••
i	<u> </u>		<u> </u>	
	If this production is commingled w COMPLETION DATA	rith that from any other lease or pool,	give comminging order number:	
۷.		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.
	Designate Type of Complet	$\operatorname{ion} - (X)$ XX	XX	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	April 12, 1968	June 1, 1968	9920'	9902'
	Elevations (DF, RKB, RT, GR, etc.)		Top Cil/Gas Pay	Tubing Depth
	4243 G.L.	Bough "C"	9880•	9780'
	Perforations			Depth Casing Shoe
	9887' to 9894	1		
			D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	17 1/2"	12 3/4"	380'	375_sx.
	11"	8 5/8"	4025!	400 sx.
	<u>7_7/&amp;"</u>	4 1/2"	9920'	300 sx.
				<u> </u>
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 allow able for this depth or be for full 24 hours)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)
		June 2, 1968	Pump	
	June 1, 1968 Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	24 hrs.			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	928 bbls.	298	630	203
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
				Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI.	CERTIFICATE OF COMPLIANCE		QIL CONSERVATION COMMISSION	
			ABBROWER	. 19
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	
	Commission have been complied above is true and complete to the	with and that the information given he best of my knowledge and belief.	BY J	J MMes
		· · · · · · · · · · · · · · · · · · ·		7534
	· · · · · · · · · · · · · · · · · · ·	201	TITLE	
	24.		This form is to be filed in c	ompliance with RULE 1104.

(Signature)

(Title)

(Date)

Production Supt.

June 4, 1968

/MMCF Gravity of Condensate Choke Size IL CONSERVATION COMMISSION 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 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