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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUG 17 1 00 PM '65 AUG 11 11 41 AM '65 AUG 17 1 00 PM '65

I.

Operator
Midwest Oil Corporation

Address
1500 Wilco Bldg. Midland, Texas

Reason(s) for filing *(Check proper box)*

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☒ Condensate ☐

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
State "C"	**1**	**Nonombre (Lower Penn)**	State, Federal or Fee **State**

Location

Unit Letter **K** ; **1980** Feet From The **South** Line and **1980** Feet From The **West**

Line of Section **32**, Township **13-S** Range **34-E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ — Address *(Give address to which approved copy of this form is to be sent)*

Pan American Petroleum Corp. — **P.O. Box 1725 Midland, Texas**

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ — Address *(Give address to which approved copy of this form is to be sent)*

The Atlantic Refining Company — **P.O. Box 1610 Midland, Texas**

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	**32**	**13-S**	**34-E**	**Yes**	**July 15, 1965**

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	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.
Pool	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Perforations			**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 allowable 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 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**	**Casing Pressure**	**Choke Size**

VI. CERTIFICATE OF COMPLIANCE

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.

M. E. Mallenberg
(Signature)

District Clerk
(Title)

August 9, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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 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 Sections I, II, III, and VI only 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 completed wells.

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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Jul 28 11 59 AM '65

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator: **Midwest Oil Corporation**

Address: **1500 Wilco Bldg., Midland, Texas**

Reason(s) for filing *(Check proper box)*

New Well ☐ Change in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other *(Please explain)*: **Change in Pool Designation**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
State "C"	**1**	**Monument (Upper Penn)**	State, Federal or Fee **State**

Location

Unit Letter **K** ; **1980** Feet From The **South** Line and **1980** Feet From The **West**

Line of Section **32**, Township **19-S** Range **36-E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
Pan American Petroleum	**P.O. Box 1725 Midland, Texas**
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*
None	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	**32**	**19-S**	**36-E**	**No**	

If this production is commingled with that from any other lease or pool, give commingling order number: **Not received**

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	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.
Pool	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Perforations			**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 allowable 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 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**	**Casing Pressure**	**Choke Size**

VI. CERTIFICATE OF COMPLIANCE

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.

W. E. Mittenberg
(Signature)

District Clerk
(Title)

July 26, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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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 Sections I, II, III, and VI only 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 completed wells.

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OCT 28 11 59 AM '65

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator: **Midwest Oil Corporation**

Address: **1000 Wilco Bldg., Midland, Texas**

Reason(s) for filing *(Check proper box)*
- New Well ☐
- Recompletion ☐
- Change in Ownership ☐
- Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

Other *(Please explain)*: **Change in Pool Designation**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
State "C"	1	Monument (Lower Penn)	State, Federal or Fee State

Location

Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West

Line of Section 32, Township 19-S Range 36-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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Pan American Petroleum	P.O. Box 1725 Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*
None	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	32	19-S	36-E	No	

If this production is commingled with that from any other lease or pool, give commingling order number: Not received

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	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.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			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 allowable 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 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	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

W. E. Stubblefield
(Signature)

District Clerk
(Title)

July 26, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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 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 Sections I, II, III, and VI only 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 completed wells.

This form is not to be used for reporting packer leakage tests in Northwest New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator		Lease		Well No.
MIDWEST OIL CORPORATION		STATE "C"		1

Location of Well	Unit	Sec	Twp	Rge	County
	K	32	13	34	LEA

	Name of Reservoir or Pool	Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift	Prod. Medium (Tbg or Csg)	Choke Size
Upper Compl	UPPER PENN	OIL	F	TBG	18/64"
Lower Compl	LOWER PENN	OIL	F	TBG	20/64"

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 AM (7-5-65)

Well opened at (hour, date): 9:00 AM (7-6-65)

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	CHART	X
Pressure at beginning of test	760	125
Stabilized? (Yes or No)	No	No
Maximum pressure during test	800	250
Minimum pressure during test	760	0
Pressure at conclusion of test	800	150
Pressure change during test (Maximum minus Minimum)	40	250
Was pressure change an increase or a decrease?	INCREASE	~~INCREASE~~ DECREASE

Well closed at (hour, date): 9:00 AM (7-7-65) Total Time On Production 24.0 HOURS

Oil Production During Test: 17.92 bbls; Grav. 43.2; Gas Production During Test TS TM MCF; GOR -

Remarks RESULTS OF TEST INDICATE THAT THE PACKER IS SEPARATING THE TWO PRODUCING ZONES PROPERLY

FLOW TEST NO. 2

Well opened at (hour, date): 10:00 AM (7-8-65)

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	CHART
Pressure at beginning of test	800	250
Stabilized? (Yes or No)	No	No
Maximum pressure during test	800	300
Minimum pressure during test	310	250
Pressure at conclusion of test	380	300
Pressure change during test (Maximum minus Minimum)	490	50
Was pressure change an increase or a decrease?	DECREASE	INCREASE

Well closed at (hour, date) 10:00 AM (7-8-65) Total time on Production 24.0 HOURS

Oil Production During Test: 368.28 bbls; Grav. 42.7; Gas Production During Test 268.61 MCF; GOR 729

Remarks RESULTS OF TEST INDICATE THAT THE PACKER IS SEPARATING THE TWO PRODUCING ZONES PROPERLY

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved _____ 19 _____

New Mexico Oil Conservation Commission

By _____

Title _____

Operator MIDWEST OIL CORPORATION

By COLEMAN PETROLEUM ENGINEERING CO.

Joe A. Coleman

Title AGENT

Date 7-9-65

[illegible] NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. A packer leakage test shall be commenced on each multiply completed well within [illegible] days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such tests shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Commission.

2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Commission in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.

3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized and for a minimum of two hours thereafter, provided however that they need not remain shut-in more than 24 hours.

4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued until the flowing wellhead pressure has become stabilized and for a minimum of two hours thereafter, provided however, that the flow test need not continue for more than 24 hours.

5. Following completion of [illegible] be shut-in, in accordance with Paragraph [illegible]

6. Flow Test No. 2 shall be [illegible] indicated during Flow Test No. 1. [illegible] be the same as for Flow Test No. 1 except [illegible] zone shall remain shut-in while the previously [illegible] zone is produced.

7. All pressures, throughout [illegible] continuously measured and recorded with [illegible] pressure gauges [illegible] accuracy of which must be checked with [illegible] at the beginning and once at the [illegible]

8. The results [illegible] within 15 days after [illegible] with the appropriate District [illegible] Commission on Southeast New Mexico Packer Leakage Test [illegible] 11-1-58, together with the original [illegible] recording gauge [illegible] all the deadweight pressures [illegible] indicated thereon [illegible] of filing the aforesaid [illegible] may construct [illegible] pressure versus time curve for each [illegible] pressure changes which may be [illegible] the gauge charts as well as [illegible] deadweight pressure readings which [illegible] taken. If the pressure curve is submitted, the original [illegible] must be permanently filed [illegible] operator's office. Form C-116 [illegible] the [illegible] Test Form when the test period [illegible]

JUL 12 2 50 PM '65