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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OFFICE			

June 19, 1969

(Date)

	SANTA FE		ONSERVATION COMMISSICA	Form C-104 Supersedes Old C-104 and C-110		
	FILE	Fifective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORIUNDŽIJ AND HATIPINAI,	GP A C		
	LAND OFFICE	AUTHURIZATION TO TRAI	Was OKONINDEN WAS US I ALLAND	g-A3		
	OIL					
	TRANSPORTER GAS	1				
	OPERATOR	·				
	PRORATION OFFICE					
1.	Operator					
	Midwest Oil Co	proration				
	Address					
		ig., Midland, Texas 7970)1			
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Gas	s 🔲			
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name					
	and address of previous owner					
11	DESCRIPTION OF WELL AND 1	LEASE	·			
	Lease Name	Well No. Pool Name, Including Fo		\ -		
	Federal "D"	2 Vada (Penn)	Ext. State, Fede	ral or Fee Federal MM0202980		
	Location					
	Unit Letter N . 66	Feet From The South Line	e and 1980 Feet From	n The West		
	Unit Letter;;	Feet From theEm				
	Line of Section 25 Tow	wnship 9-8 Range 3	33-E , NMPM,	Lea County		
	Ellie of Section 10					
III	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)		
	Service Pipeline Co	A many Richard Col	3411 Knowwille Ave	Lubbock, Texas 79413		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)		
	Warren Petroleum Co		P. O. Box 1509, Tulsa	. Oklahoma 74102		
	Wallest Lectoreds Oc	Unit Sec. Twp. Rge.		When		
	If well produces oil or liquids,	1 - 1	Yes	2-17-69		
	give location of tanks.			8 47 47		
		th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	on - (X)				
			Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	1.5.1.2.		
		No. of Deck of a Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	100 011/ 040 1 4/			
			<u> </u>	Depth Casing Shoe		
	Perforations					
	TUBING, CASING, AND CEMENTING RECORD					
				SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
				<u></u>		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load o	oil and must be equal to or exceed top allow-		
	OII. WELL able for this depth of de for juit 24 hours					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (From, pamp, ges	• • • • • • • • • • • • • • • • • • • •		
			Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure	Cdaing Pressure	0.1520 5.20		
			Water - Bbls.	Gas - MCF		
	Actual Prod. During Test	Oil-Bbls.	114141 - 22251			
	GAS WELL		This Goddensto And Ch	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Glavity of containate		
			Control Description (Charter)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Cuore 21xe		
			ļ			
VI.	CERTIFICATE OF COMPLIAN	CE		VATION COMMISSION		
	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. (Signature)		(/	7 / /		
			APPROVED -	, 19		
				May		
			BY			
			TITLE			
				in compliance with must be 1104		
			This form is to be filed	in compliance with RULE 1104.		
				lowable for a newly drilled or deepened apanied by a tabulation of the deviation		
	(Sign	iature)	tests taken on the well in ac	cordance with RULE 111.		
	Production Cler		All sections of this form	must be filled out completely for allow- wells.		
	(Ti	itle)	able on new and recompleted	wells.		

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 completed wells.