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TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

Operator Midwest Oil Corporation			
Address 1500 Wilco Bldg., Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE USED FOR 11/13/72 LET THE WELL BE PRODUCED TO R-2070 TO BE DETERMINED	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DATE OF RECOMPLETION IS YOU DO NOT CONCUR
11-18-71

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vada Lee Pruitt "B"	Well No. 2	Pool Name, including Formation Undesignated	Kind of Lease State, Federal or Fee Fee	Lease No.
Location: Unit Letter B 660 Feet From The North Line and 1980 Feet From The East Line of Section 18 Township 9-S Range 34-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil - Trucks	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, Texas 75221			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Pet. Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Okla. 74102			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 18	Twp. 9-S	Rge. 34-E
	Is gas actually connected?		When	
	No		Soon as possible	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-16-71	Date Compl. Ready to Prod. 11-16-71	Total Depth 9710	P.B.T.D. 9674					
Elevations (DF, RKB, RT, GR, etc.) 4311.6 GR	Name of Producing Formation Bough C	Top Oil/Gas Pay 9646	Tubing Depth 9684					
Perforations 9654-72	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 17	CASING & TUBING SIZE 12-3/4	DEPTH SET 320	SACKS CEMENT 350					
11	8-5/8	3955	450					
7-7/8	5-1/2	9710	600					
	2-3/8	9684						

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)

Date First New Oil Run To Tanks 11-13-71	Date of Test 11-16-71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 632	Oil - Bbls. 175	Water - Bbls. 457	Gas - MCF 200

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

Carolyn Sumner
(Signature)
Production Clerk
(Title)
11-18-71
(Date)

OIL CONSERVATION COMMISSION
NOV 24 1971
APPROVED _____, 19____
BY **John J. Martinez**
TITLE **SUPERVISOR DISTRICT I**
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 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.