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| | 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

I. OPERATOR
Operator: **Jake L. Hamon**
Address: **Box 663, Dallas, 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):

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------------|----------------------|--|---|
| Lease Name Union State | Lease No. E-1782 | Well No. 1 | Pool Name, Including Formation Wildcat | Kind of Lease State, Federal or Fee State |
| Location Unit Letter H , 660 Feet From The East Line and 1980 Feet From The North Line of Section 30 Township 20-S Range 36-E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> McWood Corporation | Address (Give address to which approved copy of this form is to be sent) 2003 Wilco Building, Midland, Texas |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent) Box 67, Monument, New Mexico |
| If well produces oil or liquids, give location of tanks. Unit H Sec. 30 Twp. 20-S Rge. 36-E | Is gas actually connected? NO When Approx. August 15, 1966 |

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. |
| | | X | X | | | | | |
| Date Spudded May 26, 1966 | Date Compl. Ready to Prod. August 1, 1966 | Total Depth 11,470 | P.B.T.D. 11,466 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3644.3' GR | Name of Producing Formation Morrow | Top Oil/Gas Pay 11,244 | Tubing Depth 11,178 | | | | | |
| Perforations 11,244-54; 11,262-68; 11,277-81; 11,306-12; 11,332-50; 11,366-72; | | | | | | Depth Casing Shoe 11,470 | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17-1/2" | 13-3/8" | | 377 | | 375 | | | |
| 12-1/4" | 9-5/8" | | 5,220 | | 500 | | | |
| 8-3/4" | 5-1/2" | | 11,470 | | 500 | | | |
| | 2-7/8" | | 11,178 | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 | 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 9086 | Length of Test 1 hour | Bbls. Condensate/MMCF 9.76 | Gravity of Condensate 60.0 |
| Testing Method (pitot, back pr.) Back pressure | Tubing Pressure 2126 | Casing Pressure Packer | Choke Size 28/64" |

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.



(_____
Production Superintendent

(_____
August 4, 1966

(_____
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 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.