

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator
Armer Oil Company

Address
2110 Continental National Bank Bldg., Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE PLACED AFTER 9/1/74 UNLESS AN EXCEPTION TO R-400 IS OBTAINED.
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf State	Well No. 3	Pool Name, Including Formation Langlie-Mattix Seven Rivers	Kind of Lease State, Federal or Fee State	Lease No. K-3424
Location Unit Letter <u>M</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>23S</u> Range <u>37E</u> , 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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> --	Address (Give address to which approved copy of this form is to be sent) --					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 2	Twp. 23S	Rge. 37E	Is gas actually connected? No	When --

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11/27/73	Date Compl. Ready to Prod. 12/17/73	Total Depth 3640' RKB		P.B.T.D. 3622' RKB				
Elevations (DF, RKB, RT, GR, etc.) 3299'GR 3310'RKB	Name of Producing Formation Penrose Sand	Top Oil/Gas Pay 3569' RKB		Tubing Depth SN @ 3567' RKB				
Perforations 3569-77' RKB w/9 - 0.37" holes and 3592-96' w/5 - 0.37" holes				Depth Casing Shoe 3639' RKB				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
11"	8-5/8" OD, 20# New	385' RKB		175 sxs Class Cw/2%Ca				
7-7/8"	5-1/2" OD, 14# & 15.5# New	3639' RKB		(200 sxs Class C w/4% g (200 sxs Class H w/10#				
	2-7/8" OD	SN @ 3567' RKB		(sd., 5# salt, 1% CFR-2 per sxs.				

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 1/19/74	Date of Test 1/23/74	Producing Method (Flow, pump, gas lift, etc.) Pump w/2-1/4" tbg. pump	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 162 bbls. fluid	Oil-Bbls. 12	Water-Bbls. 150	Gas-MCF 21 (est)

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

[Signature]
(Signature)

Production Manager
(Title)

1/29/74
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY *[Signature]*

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.