| NO. OF COPIES RECEIVED | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|
| DISTRIBUTION | - | | | | | | |
| | | NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 | | | | | |
| SANTA FE | REQUEST | FOR ALLOWABLE | Supersedes Old C-104 and C-110 Effective 1-1-65 | | | | |
| FILE /_ | | AND | | | | | |
| U.S.G.S. | AUTHORIZATION TO TR | ANSPORT OIL AND NATURAL G | SAS | | | | |
| LAND OFFICE | | · | | | | | |
| TRANSPORTER OIL / | | | | | | | |
| GAS / | | | RECEIVE | | | | |
| OPERATOR / | | | 12 | | | | |
| PRORATION OFFICE | | | | | | | |
| Operator | | | APR 1 1 1968 | | | | |
| IENNELO DIE | COMPANY | | · | | | | |
| Address | | | 0. C. | | | | |
| 150× 1031 / | LOMPANY TIDLAND, TEXAS 797 | 701 | WAR TO STORE | | | | |
| Reason(s) for filing (Check proper b | ox) | Other (Please explain) | | | | | |
| New Well | Change in Transporter of: | | | | | | |
| Recompletion | Oil Dry G | as | | | | | |
| Change in Ownership | Casinghead Gas Conde | ensate 🔲 | | | | | |
| | | | | | | | |
| If change of ownership give name | | | | | | | |
| and address of previous owner | | | | | | | |
| DESCRIPTION OF WELL ANI | n I FASE | | | | | | |
| Lease Name | | ame, including Formation | Kind of Lease | | | | |
| GJ WEST COOP UN | - R-255-8 19 GDN | BURG JACKSON SANANDR | estate, Federal or Fee STATE | | | | |
| Location | 11 12 233 0 17 1 CIEST | POISS SITCE DIO SANTANIE | 317.12 | | | | |
| | (C | 110 | 1100 | | | | |
| Unit Letter;;;; | 60 Feet From The SOUTH L | ine and 660 Feet From | The WEST | | | | |
| | | 506 | 5 | | | | |
| Line of Section 6 7 | ownship Sange | 298 , NMPM, | CDDY County | | | | |
| | | | · | | | | |
| | RTER OF OIL AND NATURAL G | AS Address (Give address to which appro | and some of this form is to be sent! | | | | |
| Name of Authorized Transporter of C | | | | | | | |
| IEXAS NEW MIEX | | 120 BOX 1210 WIL | LAND LEKAS | | | | |
| Name of Authorized Transporter of C | Casinghead Gas X or Dry Gas | Address (Give address to which appro | | | | | |
| PHILLIPS PETEOLEUN | 16 | PHILLIPS BLDG OT | SESSA, IEKAS | | | | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? Wh | en | | | | |
| give location of tanks. | C 28 175 296 | LVES | | | | | |
| If this production is commingled | with that from any other lease or pool | give commingling order number: | | | | | |
| COMPLETION DATA | | | | | | | |
| | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | | | |
| Designate Type of Comple | tion = (X) | × | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | |
| 3-14-68 | 4-4-68 | 2900 | 2847 | | | | |
| Elevations (DF, RKB, RT, GR, etc. | | Top Oil/Gas Pay | Tubing Depth | | | | |
| 35 89.5 GL | GRAYBURG- SAN AND | 2253 | 2611 | | | | |
| Perforations | Cherd Boish - Des (114) | | Depth Casing Shoe | | | | |
| | 96-2307-09-45-50-88-90 | 0-02-2400 -2 503-05 | _ | | | | |
| 2233 32-21-03 7-2 | | D CEMENTING RECORD | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | |
| HOLE SIZE | 8 3/8 | 363 | 200 | | | | |
| 7/0 | 4 /2 | 2900 | 175 | | | | |
| 7 7/8 | 2 3/8 | | 113 | | | | |
| | 2 78 | 2611 | | | | | |
| | <u> </u> | | | | | | |
| TEST DATA AND REQUEST | FOR ALLOWABLE (Test must be | after recovery of total volume of load oil depth or be for full 24 hours) | and must be equal to or exceed top allow- | | | | |
| OIL WELL | | Producing Method (Flow, pump, gas li | ft. etc. | | | | |
| Date First New Oil Run To Tanks | Date of Test | 0 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| 4-4-68 Length of Test | 4-4-68 | PUMPING | - Challe Circ | | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | | |
| 24 HRS Actual Prod. During Test | | 50 | | | | | |
| · | Oil-Bals. | Water - Bbis. | Gas-MCF A | | | | |
| 74 | 64 | 10 LOAD | <i>P P</i> | | | | |
| | N: | | | | | | |
| 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 | | | | |
| | | | | | | | |
| CERTIFICATE OF COURTS | YCE | OIL CONSERV | ATION COMMISSION | | | | |
| CERTIFICATE OF COMPLIA | | NDD 11 | | | | | |

VI.

1.

II.

III.

IV.

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.

(Date)

OIL AND GAS INSPECTOR 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

DEUIATION SURVEY

| HT93CP | | - | ý. | v. | • | Digree |
|--------|-----|---|----|----|-----|------------------|
| 363 | | | | | 120 | 44 |
| 853 | | | , | | | 314 |
| 1340 | . = | | | | •• | 1 - |
| 1750 | | | | | | 1- |
| 2167 | | * | • | | | 1- |
| 2367 | * . | | | | | 3/4 |
| 2900 | | , | | | | ³ /4- |
| | | | | | | |

THE ABOUT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Storwedk. Kunowell Sto Prop Clerk

SWORN TO ME THIS 10 DAY OF APRIC 1968

Morany Kric MIDLAND COUNTY, TEXAS