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	SANTA FE	NEW MEXICO O.L. JONSERVATION COMMISSION		Form C-104 Supersedes Old_C-104 and C-1:	
	FILE j 3		AND	Effective 1-1-65	
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TE	SPORT OIL AND NATURAL (GAS RECEIVED	
	TRANSPORTER GAS	-		SEP 8 1981	
	PRORATION OFFICE			0 0 5	
ı.	Operator	/		ARTESIA, OFFICE	
	W.A. Moncrief, Jr.			, , , , , , , , , , , , , , , , , , , ,	
	400 Metro Bldg. Midland, Texas 79701				
	Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well X	Change in Transporter of: Oil Dry G			
	Recompletion Change in Ownership	Casinghead Gas Conde			
	If change of ownership give name			; •	
	and address of previous owner			: 1	
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	Formation Kind of Leas	eease No.	
	Baldridge Federal Com	. 2 Baldridge Can	yon Morrow State, Federa	lorFee Federal NM 29202	
	Location Unit Letter B 196' Feet From The north Line and 1427' Feet From The east				
	1,	0.4.5	0/-	1	
	Line of Section 14 To	wnship 245 Range	Z4E , NMPM, Ed	dy County	
lII.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G.: or Condensate X	AS Address (G.ve address to which appro	ved copy of this form is to be sent)	
	The Permian Corporation	า	P.O. Box 1183 Houston,		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P.O. Box 1492 El Paso, Texas 79999				
	El Paso Natural Gas Cor	mpany Unit Sec. Twp. Rge.	P.O. BOX 1492 El Paso, is gas actually connected? Wh	and the second s	
	If well produces oil or liquids, give location of tanks.				
	f this production is commingled with that from any other lease or pool, give commingling order number:				
4 V .	COMPLETION DATA	Oil Well Gos Wel.	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic		X	P.B.T.D.	
	Date Spudded 6-12-81	Date Compl. Ready to Prod. 9-1-81	Total Depth 10,810'	10,762'	
	Elevations (DF, RKB, RT, GR, etc.)		Top Cil/Gas Pay	Tubing Depth	
	4242 GD, 4257 KB	Morrow 10,727 1	10,403'	10,364'	
	10,739, 10,742	10,624-10,638, 10727, 1	0,/33, 10,/3/, 10,/38,	10.810'	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	388	385 sax	
	12½"	8-5/8" 32#	2750	1400 sax in 3 stages	
	7-7/8"	4-1/2" 11.6#	10,810	400 sax class "H"	
	4½11	2-3/8"	10,364		
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 li	(i, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				Gas-MCF	
	Actual Prod. During Test	Cil-Bbia.	Water - Bols.	Gas-wor	
l					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensete/MMCF	Gravity of Condensate	
	2,494	24 hrs.	none		
	Testing Method (pitot, back pr.) Flowing	Tubing Pressure (Shut-in) 2800	Casing Pressure (shut-in) Packer	Choke Size 14/64"	
VI.	CERTIFICATE OF COMPLIAN		TI	TION COMMISSION	
			CED 9 1001		
	I hereby certify that the rules and : Commission have been complied v	with and that the information given	AFFROVED -	701 19	
	above is true and complete to the best of my knowledge and belief.		SUPERVISOR, DISTRICT II		
			TITLE SUPERVISOR, DISTAGLE ME		

Dency E. Thornton

(Title)

(Date)

Exploration Manager

9-4-81

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. - Forms C-104 must be filed for each pool in multiply