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Date First Production Production Method (Flowing, gas lift, pumping Size and type pump) Well Status (Prod. or Shut	
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Test Period	lo
Flow Tubing Press. Casing Pressure Calculated 24- Oil - Bbl. Gas - MCF Water - Bbl. Oil Gravity - API	(Corr.)
Sold	
35. List of Attachments	
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.	
Original Signed By: SIGNED CHAPLES E PANSEY ID. TITLE Area Production Manager DATE August 4. 19	-

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, litems 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

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NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSI Form C-104 SANTA FE AND AUTHORIZATION TO TRANSPORT OIL AND NATURE GAS // 38 AH 265 Supersedes Old C-104 and C-110 Effective 1-1-65 FILE u.s.g.s. LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE I Pubco Petroleum Corporation P. O. Box 1419, Albuquerque, New Mexico, 87103 Reason(s) for filing (Check proper box) Other (Please explain) X New Well Change in Transporter of: Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Kind of Lease Pool Name, Including Formation State, Federal or Fee Humble "CC" State 16 South Lane Bough C State ; **1980** Feet From The **X** ___ Line and ____**1980**__ Unit Letter F Feet From The Line of Section , Township 106 Range 338 , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Box 337, Midland, Texas Address (Give address to which approved copy of this form is to be sent) Service Pipe Line Company Name of Authorized Transporter of Casinghead Gas 🗶 or Dry Gas Box 1589, Tulsa, Oklahoma 74102 Warren Petroleum Corporation Rge. Unit Sec. Twp. If well produces oil or liquids, give location of tanks. ĸ 108 34 Ho 33E Awaiting Connection If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Workover TOil Well Gas Well New Well Designate Type of Completion -(X)X X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 7/17/65 9713 9687 ducing Formation Top Oil/Gas Tubing Dep Bough C 9646 South Lane 9649 Depth Casing Sh 9646-52 9708 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 20" 16" 2001 22 sx. 13 3/4" 10 3/4" 1850' 550 ax. 9 7/8" 7 5/8" 37391 500 sx. \$200 sx. 16 3/4" 4 1/2" 97081 200 sx. 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) Producing Method (Flow, rump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test **7/17/65** Length of Test 7/26/65 Flow 32/64" Gas-MCF 24 hrs. 250 psi FTF Packer Oil - Bbls Actual Pro 200 **47**b GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate esting Method (pitot, back pr.) Tubing Pressure Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION 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. Original Signed By: CHARLES E. RAMSEY, JR. 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. (Signature)

 $\,$ All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.

Area Production Menager

(Date)

August 4, 1965