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Burleson & Huff Address Box 2479, Midland, Texas 79702 Respon(s) for liting richeck proper box/ New Well Hecomplition Oil Change in Transporter of: Calinghead Gas Condensate If change of ownership give name and address of previous owner II Change of ownership give name and address of previous owner II DESCRIPTION OF WELL AND LEASE Lense Name Wool Worth 2 Jalmat - Yates Sente, Federal or Fee fee Lense Name Wool Worth 2 Jalmat - Yates Sente, Federal or Fee fee Lense Name Unit Letter K : 1980 Feel From The South Line and 1650 Feel From The West Line of Section 33 Township 248 Fonge Address (Give address to which approved copy of this form is to be sent) Note of Authorized Transporter of Caninghood Cac or Dry Gas X. Address (Give address to which approved copy of this form is to be sent) Fel Paso Natural Gas Co. If well produces oil or liquids, Unit Sec. Two. Page. Is a gas actually connected? When you was actually connected? When you was actually connected? When Designate Type of Campletion - (X) 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 Sen Well Name of Pasts. Some Real. Diff. Real 22-18-77 Selection of Campletion - (X) 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 Sen Well Name of Production to Comming Shoe 2-18-77 Selection of Campletion - (X) Total Depth Casing Shoe 2-18-77 Selection of Casing And Casing And Casing And Casing Shoe 2-18-77 Selection of Casing And Casing And Casing And Casing Shoe 2-18-78 John Casing Shoe 2-18-79 John Casing Shoe 2-18-79 John Casing Shoe 2-18-79 Total Definition of Casing Shoe 2-18-79 John Casing S		OPERATOR					
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Name of Authorized Transporter of Oil		Line of Section 33 Tow	nship 24S Range	37E , NMPM	<u> </u>	Lea	County
Name of Authorized Transporter of Oil	111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL G	AS			
E1 Paso Natural Gas Co. If well produces oil or liquids, give location of tanks. 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) Date Spudded 2-18-77 5-13-77 1 Soli Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. Date Spudded 2-18-77 5-13-77 3218 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 3257GR Yates 3020 3164 Perforations Open hole Tubing, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 10-3/4 8-5/8 1180 375 - Circ. 6-3/4 5-1/2 3074 100 sx V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow oil wells Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					to which approv	ed copy of this form is	to be sent)
If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA		Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🔀	Address (Give address	to which approv	ed copy of this form is	to be sent)
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		Length of Test	Tubing Pressure	Casing Pressure		Choke Size	

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas sijs, circij	
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
404.4	24hours	0	0
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
hack procesure	135#	. 155#	32/64
<u> back pressure</u>	1.3.17	1	

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

ove is true and complete to the best of my knowledge and	i belief.
2 3 15 m	
(Signature)	
Co-Owner	
(Title)	
May 13, 1977	
(Date)	

OIL CONSERVATION COMMISSION

APPROVED SWERVISOR DISTRICT!

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. The County has filled for sent most in multiple

RECEIVED

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