1.	NO. OF COPIES RECEIVED 44 DISTRIBUTION 44 SANTA FE 7 7 U.S.G.S. 7 LAND OFFICE 7 I RANSPORTER 011 GAS 7 OPERATOR 7 PRORATION OFFICE 7 Operator 7 DISTRIBUTION 7 COPERATOR 7 PRORATION OFFICE 7 OPERATOR 7 COPERATOR 7	REQUEST F AUTHORIZATION TO TRAI REAL 1992		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS
	900 Wilco Building, Reason(s) for filing (Check proper box) New Well X Recompletion Change in Ownership If change of ownership give name and address of previous owner	Midland, Texas 79701 Otamie in Transporter of: Of. Dry Ora Casinghead Gas Conten		en de La C
П.	DESCRIPTION OF WELL AND L	EASE Well the Fool Man	se, Including Formation	Kind of Lease
	O'Brien "A"	1 Undes	ignated (Strawn)	State, Federal or Fee Fee
	Location D 1000) Peer From The <u>East</u> Line	660' Foot From	North
	Unit Letter <u>D</u> ; <u>1980</u>	JPeer From The EdSL _ Line	e and OUO restrict	1 10°IVI_LI
	Line of Section 14 , Town	shis 9S Range 2	9E , NMPM, Ch	aves County
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address to which app	roved copy of this form is to be sent)
	Name of Authorized Transporter of Casa			roled copy of this form is to be sent)
	Texas Oil & Gas Cor	`p. et al Note: Sec. Twp. Rge.	900 Wilco Bldg. Midl Is gas actually connected?	
	If well produces oil or liquids, give location of tanks.		Yes	9-24-77
***	If this production is commingled with	that from any other lease or pool,	give commingling order number:	
1V.	COMPLETION DATA	(Y) Oil Well Cas Well	New Well Workover Deepen	Flug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion	· · · ·	Total Depth	P.B.T.D.
	Date Spudded 7-25-77	Date Corrol. Ready to Prod. 9–16–77	9145	9077
	Pool	Mame of Freducing Formation	Top Oil/Gas Pay	Tubing Depth
	Undesignated (Strawn)	Strawn	8724'	8681 Depth Casing Shoe
	Perforations 972-9720			9145
		TUBING, CASING, ANI	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	17 1/2	12 3/4	315	0.00
	11 7 7/8	8 5/8 4 1/2	2615 9145	500
	4 1/2	2 3/8	8681	
V	TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a oble for this de	fter recovery of total volume of load of epith or be for full 24 hours)	oil and must be equal to or exceed top allow-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
	Length of Test	lubing Pressure	Casing Pressure	Chcke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-EICF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensat-/MMCF	Gravity of Condensate
	7118	1 hour	0	e =
	Testing Method (pitot, back pr.) PR.	Outling Pressure 1989	Casing Pressure	Choke Size
			Pkr	3/8 VATION COMMISSION
VI	. CERTIFICATE OF COMPLIANC	/h/	OCT 14 1	
	I hereby certify that the rules and m Commission have been complied w above is true and complete to the	ith and that the information given	APPROVED USI I A ISTA , 19, 19, 19	
			TITLE CUPERISON, DESTRICT I	
	11V			in compliance with RULE 1104.
	lot te	(J. R. Colter)	If this is a request for al	lowable for a newly drilled or deepened
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	Staff Engineer		All sections of this form must be filled out completely for allow-	
	(Title) October 11, 1977		able 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. Senarate Forms C-104 must be filed for each pool in multiply	