STATE OF NEW MEXICO NERGY AND MINERALS DEPARTMENT	OUL CONSERVA	ATION DIVISION	Form C-104 Revised 10-1-78	
сизантара Сизантара Вантара	Р. О. ВС		RECEIVED	
		R ALLOWABLE	AUG 05 1981	
DERATOR PERATOR PROMATION OFFICE		ND PORT OIL AND NATURAL GAS	O. C. D. ARTESIA, OFFICE	
MESA PETROLEUM	0 /			
Address 1000 VAUGHN BUIL	.DING MIDI	LAND, TEXAS 79701		
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well X Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde			
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE R-7785 1/1			
Lease Name MELENA FEDERAL		SCOPE - ABO GA State, Federa		
Location	Fret From The NORTH Lir	ne and 1980 Feet From	The WEST	
			CHAVES County	
	wnship 95 Range			
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Live address to which appro		
KOCH OIL COMPAN	singhead Gas or Dry Gas 🕅	P.O. BOX 1558 BRECK	ENRIDGE, TX 76024 oved copy of this form is to be sent)	
TRANSWESTERN PIF	PELINE CO.	P.O. BOX 2018 ROSWEL	<u>1, NM 88201</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	NO		
if this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
Designate Type of Completi	on = (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty.   Diff. Resty.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
2-9-81	7-8-81 Name of Producing Formation	<u>3776'</u> Top Oll/Gas Pay	3745' Tubing Depth	
3589.9' GR	АВО	3368'	3320' Depth Casing Shoe	
Perforations 3368'3390'			3775'	
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
17 1/2"	13 3/8	871'	<u>400/100/450/200</u> 350/400/350/300	
	8 5/8	<u>1600'</u> 3775'	450/300	
7 7/8"	4 1/2	3320'		
TEST DATA AND REQUEST F	OR ALLOWABLE (Text must be u	after recovery of total volume of load oil	l and must be equal to or exceed top allow-	
OIL WELL Data First New Oil Run To Tanks	able for this d	epih or be for full 24 hours)   Producing Mothod (Flow, pump, gas l	ijt, etc.)	
		Caling Pressure	Choke Size	
Longth of Test	Tubing Pressure			
Actual Pred. During Tost	Oll-Bble.	Water-Bbis,	Gas - MCF	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
CAOF = 42	1 hour Tubing Pressure (shat-in)	Cosing Pressure (fibut-in)	Choke Sixe	
BACK PRESSURE	720	910 OIL CONSERVA		
CERTIFICATE OF COMPLIAN	CE			
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED		
	e best of my knowledge and belief.			
XC: NMOCD (6), TLS, CEN	RCDS, ACCTG, MEC, LAND, TNERS, ROSWELL,LMC, CTY,	TITLE		
$FILE \land \frown $			compliance with RULE 1104.	
R. F. //a.	(MA)	If this is a request for allowable for a newly dritted or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow-		
REGULARORY_C				
	ovromator itla)	I alle on new and recompleted w	A & 178 *	
	)8] p(e)	wall name or number, or transpo	II, III, and VI for changes of owner, risr, or other such change of condition.	
	,	Separate Forma C-104 mu completed wolls.	st he filed for each pool in multiply	

NE	STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT	OIL CONSERV	ATION DIVISI	ON	Form C Revise	-104 d 10-1-78	
	UISSMIRUTION   FANTA FE   FILE   U.S.O.B.		DX 2088 W MEXICO 8750	1	RECE	VED	
	LAND OFFICE LAND OFFICE TRANSPORTER OFERATION FACEATION OFFICE		DR ALLOWABLE	URAL GAS	AUG 05 0. c.		
• -	MESA PETROLEUM C	·O /			ARTESIA, O	FFICE	
	Address						
	1000 VAUGHN BUIL Reoson(s) for filing (Check proper box		LAND, TEXAS 79	1/UI ase explain)			
	New Well	Change in Transporter of:					
	Recompletion Change in Ownership	Oll Dry G Casinghead Gas Conde	ensate				
	If change of ownership give name and address of previous owner						
	DESCRIPTION OF WELL AND	TEASE					
• •	Lease Name	Well No. Pool Name, Including		Kind of Lease State Foderal	har Fee	Loane No. 33943	
	MELENA FEDERAL	WILDCAT ABO	)		<u>NM</u>		
	Unit Letter <u>C</u> : <u>660</u>	) Feel From The <u>NORTH</u> LI	ine and	Feet From 1	rh•WEST	<u></u>	
	Line of Section 15 T	whith DS Range	24Е , ми	»м, С	HAVES	County	
÷.,	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS   Address (Give addres		and copy of this form	is to be sent)	
	Nome of Authorized Transporter of Cli KOCH OIL COMPANY		P.O. BOX 1	558 BRECKE	NRIDGE, TX 7	6024	
	Name of Authorized Transporter of Ca	sinchead Gas 📄 of Dry Gas 🕅		Address (Give address to which approved		d copy of this form is to be sent)	
	TRANSWESTERN PIP	Unit Sec. Twp. Rge.	P.O. BOX 2 Is gas actually conne	CIEd ?			
	lí well produces oil or liquids, give location of tanks.	C 15 9 24	NO	 	<u> </u>		
	If this production is commingled wi	th that from any other lease or pool	, give commingling or	ier number:			
•	COMPLETION DATA Designate Type of Completion	on - (X)	New Well Workove	r Deepen	Piug Back Same	Restv.   Diff. Restv	
	Designate Type of Compteten	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u></u>	
	2-9-81	7-8-81	3776' Top Oil/Gas Pay		3 Tubing Depth	745'	
	Lievations (DF, RKB, RT, GR, etc.) 3589.9' GR	Name of Producing Formation ABO	3368'		3	320'	
	Perforations				Depth Casing Shoe 3775 '		
	3368'3390'	TUBING, CASING, AN	D CEMENTING RECI	ORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH			100/450/200	
	17 1/2"	<u>13 3/8</u> 8 5/8	871'		350/	400/350/300	
	7 7/8"	4 1/2	3775'		450/	300	
		2 3/8	3320'		i	or erceed ton allo	
	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this c	ufter recovery of total vi lepth or be for full 24 ho	urs)			
	Date First New Oil Run To Tanks	Dote of Test	Producing Method (F.	low, pump, <u>r</u> as 11)	, <i>eic.)</i>		
	Length of Test	Tubing Pressure	Casing Pressure	· ·	Choke Size		
		C:1-Bbis.	Water-Bbls.		Gas-MCF		
	Actual Prod. During Test				]		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/M	ICF	Gravity of Condens	ate	
	CAOF = 42	] hour Tubing Pressure (shat-in)	Cusing Pressure ( 5b	- ut-in)	Choke Size		
	BACK PRESSURE	720	910			<b>-</b>	
· .	CERTIFICATE OF COMPLIAN	CE	OIL	CONSERVAT	FION DIVISION		
	I hereby certify that the rules and		APPROVED			_, 19	
	I hereby certify that the fulce and Division have been complied with above is true and complete to the	i and that the information siven	11				
		RCDS, ACCTG, MEC, LAND,					
~	EEB, D&M, T, KW, PAR	TNERS, ROSWELL,LMC, CTY,	This form is	to be filed in a	compliance with ni	ULE 1104.	
	FILE R. F.	-Ano-			vable for a newly d	rilled or despens	
-	(Sign		toats taken on th	net pe accompa	idance with MULK	111.	
	REGULARORY CO	DORDINATOR	bite on new and	Incompleted We	ist be filled out cor alls.		
	AUGUST 3, 19	81	Fill out only	/ Sections I, I Nor, or transport	l, lil, and VI for e ter, or other auch c)		
	(D)	p( <b>e)</b>	Separate Fo	rmx C-104 mur	the filed for could	h pool in multip	

BTATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT		ATION DIVISION	Form C-104 Revised 10-1-78
		DX 2088 W MEXICO 87501	RECEIVED
U L.U.B.	REQUEST FO	R ALLOWABLE	AUG 05 1981
DE DIL	A	ND PORT OIL AND NATURAL GAS	O. C. D.
PROBATION OFFICE			ARCESIA, OFFICE
MESA PETROLEUM			<del> </del>
1000 VAUGHN BUI Reason(s) for filing (Check proper bi		LAND, TEXAS 79701 Other (Please explain)	·
New Well	Change in Transporter of: Oil Dry G		
Recompletion Change in Ownership			
f change of ownership give name and address of previous owner			
DESCRIPTION OF WELL ANI	) I.EASF. Well No.   Pool Name, Including F	Formation Kind of Leas	e Lease No.
MELENA FEDERAL	1 WILDCAT_ABO	State (Feder	
Unit Letter C : 66	OFeet From The NORTHL1	ne and <u>1980</u> Feet From	The WEST
	mahip 95 Range		CHAVES County
	RTER OF OIL AND NATURAL G	AS	
Nome of Authorized Transporter of C KOCH OIL COMPAN	or Condensate 🔀	Address (Give address to which appro P.O. BOX 1558 BRECKE	
Nome of Authorized Transporter of C	asinghead Gas or Dry Gas 🗙	Address (Give address to which appro	oved copy of this form is to be sent)
TRANSWESTERN PI	PELINE CU. Unit Sec. Twp. Rge.	P.O. BOX 2018 ROSWEL Is gas octually connected?	
give location of tanks.	C 15 9 24 with that from any other lease or pool,	NO	<u> </u>
f this production is commingled to COMPLETION DATA	OII Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
Designate Type of Complet		X Total Depth	P.B.T.D.
Date Spudded 2-9-81	Date Compl. Ready to Prod. 7-8-8]	3776'	3745'
Lievations (DF, Rh.E, RT, GR, etc.)		Top Oil/Gas Pay 3368'	Tubing Depth 3320'
3589.9' GR Perforations 3368'3390'	ABO		Depth Casing Shoe 3775'
3308 3390		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	13 3/8	871'	400/100/450/200
11"	8 5/8	1600'	350/400/350/300
7 7/8"	4 1/2	3775' 3320'	450/300
TEST DATA AND REQUEST	2 3/8 FOR ALLOWABLE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top all
OIL WELL Date First New Cil Run To Tanks	Doie of Test	lepth or be for full 24 hours) Producing Method (Flow, pump, gas l	ift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Cil-Bble.	Victor - Bbla.	Gas+MCF
			<u> </u>
GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
CAOF = 42	l hour	Cosing Pressure (Shot-in)	Choke Sixe
BACK PRESSURE	Tubing Pressure (Shut-in) 720	Cosing Pressure (Shot-in) 910	
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	
hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	
Division have been complied withove is true and complete to t	th and that the information given he beat of my knowledge and belief.		
: NMOCD (6), TLS, CEN	RCDS, ACCTG, MEC, LAND,	TITLE	
	RTNERS, ROSWELL,LMC, CTY,	This form is to be filed in	compliance with RULE 1104.
FILE R. F.	the	I at at a former much be ACCORD	wable for a newly drilled or deepen anied by a tabulation of the deviat
		I tosts taken on the well in acco	MUANCE WITH ROCK IIII
REGULARORY	<u>CORDINATOR</u>	while on new and recompleted w	ust be filled out completely for all calls.
•	981		II, III, and VI for changes of own (ter, or other such change of conditional states)
(1	(late)	Separate Forma C-104 mu	at he filed for each pool in multip

NE	STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT		TION DIVISION	Form C-104 Revised 10-1-78		
	0.111 A IP UT JUN	P. O. BO SANTA FE, NEV	X 2088 V MEXICO 87501	RECEIVED		
	LAND OFFICE 10413PDRTER OIL 046	A	R ALLOWABLE ND PORT OIL AND NATURAL GAS	AUG 05 1981		
:.	PRONATION OFFICE			O. C. D. ARTESIA, OFFICE		
	MESA PETROLEUM C	20				
	1000 VAUGHN BUIL	المتحدثين ويرغلك مجارب والمستعد بالتركية والمستعد ويتواع التكريب والمتحد والمراجع والمحاد والمراجع والمراجع	AND, TEXAS 79701			
	Reason(s) for filing (Check proper box New Well X	change in Transporter of:	Other (Please explain)			
	Recompletion	Oil Dry Ga Casinghead Gas Conder				
	Chonge in Ownership					
	If change of ownership give name and address of previous owner					
:.	DESCRIPTION OF WELL AND	I.EASF.   Well No.   Pool Name, Including F	ormation Kind of Leas	se Lease No.		
	MELENA FEDERAL	1 WILDCAT ABO	State, Føder	al) or Foo NM 33943		
	Location	DFeet From The <u>NORTH</u> Lin	ne and 1980 Feet From	The WEST		
	16	00		CHAVES County		
:.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Ascress (Give address to which appr	oved copy of this form is to be sent)		
	KOCH OIL COMPANY	Y	P.O. BOX 1558 BRECK Address (Give address to which appri-	ENRIDGE, TX 76024 oved copy of this form is to be sent f		
	TRANSWESTERN PIE	PELINE CO.	P.O. BOX 2018 ROSWE			
	If well produces off or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected? W NO	nen		
	If this production is commingled with	ith that from any other lease or pool,		·····		
•	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diff. Flesty		
	Designate Type of Completi	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	2-9-81	7-8-81	3776'	3745'		
	Stevations (DF, RAE, RT, CR, etc.) 3589.9' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3368'	33201		
	Perforations			Depth Casing Shoe 3775		
	3368'3390'	TUBING, CASING, ANI	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	400/100/450/200		
	17 1/2"		871'	350/400/350/300		
	11" 7 7/8"	8 5/8	3775'	450/300		
	/ //٥	2 3/8	3320'			
	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of load of epth or be for full 24 hours)	l and must by equal to or exceed top allow		
	OIL WELL Date First New DI! Run To Tanks	Dote of Test	Producing Method (Flow, pump, ras	lift, etc.)		
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test			Gas - MCF		
	Actual Pred. During Test	Cil-Bbis.	Valet-Bbls.			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	CAOF = 42	] hour Tubing Pressure (shut-in)	Cosing Pressure (Shot-in)	Choke Size		
	BACK PRESSURE	720	910	-		
	CERTIFICATE OF COMPLIAN	CE	DIL CONSERVA			
	T hereby certify that the rules and	regulations of the Oll Conservation	APPROVED	. 19		
	at the transform complied with	h and that the information given c beat of my knowledge and belief.	·BY			
Х	C: NMOCD (6), TLS, CEN EEB, D&M, T, KW, PAR	RCDS, ACCTG, MEC, LAND, RTNERS, ROSWELL,LMC, CTY,	TITLE	compliance with RULE 1104.		
	FILE P. S. Man	to	If this is a request for all	pushe for a newly drilled or deepene whied by a tabulation of the deviation		
-			- All sections of this form must be filled out completely for allow			
	(7.	iile)	able on new and recompleted t	wills. 11 111 and VI for changes of owne		
		981	I well name or number, or transpo	II, III, and VI for changes of owner ster, or other such change of condition		
			Consisten Forms C-104 mv	int be filed for each pool in multip		

AE G	STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT	OIL CONSERV.	ATION DIVISION	Form C-104 Revised 10-1-78	
		P. O. BC	DX 2088 W MEXICO 87501	RECEIVED	
	U S.U.B.	REQUEST FO	R ALLOWABLE	AUG 05 1981	
	DAS ONTER	A	ND PORT OIL AND NATURAL GAS		
i .	OPERATION PROMATION OFFICE			O. C. D. ARTESIA, OFFICE	
	MESA PETROLEUM (	20			
	1000 VAUGHN BUII	LDING MID	LAND, TEXAS 79701		
	Reason(s) for filing (Check proper bo)	x) Change in Transporter of:	Other (Please explain)	· · ·	
	New Well X Recompletion	OII Dry G		•	
	Change in Ownership	Cazinghead Gas [_] Conde	nsale	<u></u>	
	If change of ownership give name and address of previous owner				
<b>!</b> .	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	Formation Kind of Leas	Lease No.	
	MELENA FEDERAL	1 WILDCAT ABO	State (Feder	al) or Fee NM 33943	
	Location 661	O Feet From The NORTHLit	ne and 1980 Feet From	The WEST	
				CHAVES County	
		wiship 95 Pange			
	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS Address (Give address to which appro	oved copy of this form is to be sent)	
	KOCH OIL COMPAN	Y asinchead Gas or Dry Gas 🕅	P.O. BOX 1558 BRECK	ENRIDGE, TX 76024 oved copy of this form is to be sent	
	TRANSWESTERN PI	PELINE CO.	P.O. BOX 2018 ROSWEI		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas octually connected? Wi NO		
	If this production is commingled w	ith that from any other lease or pool,			
•, •	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Fiesty	
	Designate Type of Completi	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.	
	2-9-81	7-8-81	3776' Top Oil/Gas Pay	3745'	
	Elevations (DF, RKB, RT, GR, etc.) 3589.9' GR	ABO	3368'	3320'	
	Perforations 3368'3390'			Depth Casing Shoe 3775'	
			D CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUEING SIZE	871'	400/100/450/200	
	11"	8 5/8	<u>1600'</u> 3775'	350/400/350/300 450/300	
	7 7/8"	4 1/2	3320'		
	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this d	epth or be for full 24 hours)	l and must be equal to or exceed top allow	
	OIL WELL Date First New Oil Bun To Tanks Date of Test		Producing Method (Flow, pump, gas )	lifi, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Cil-Bbie.	Water-Bols,	Gae - MCF	
	GAS WELL		· · · · · · · · · · · · · · · · · · ·	Gravity of Condensate	
-	CAOF = 42	Lengin of Test 1 hour	Bbis. Condensate/MMCF	Gravity of Condensation	
	Testing Method (pitol, back pr.)	Tubing Pressure (Shat-in )	Cosing Pressure (Shot-in) 910	Choke Sixe	
	BACK PRESSURE CERTIFICATE OF COMPLIAN	<u> </u>	OIL CONSERVA	TION DIVISION	
			APPROVED	. 19	
	and total Alice have complied wit	regulations of the Oil Conservation h and that the information given is beat of my knowledge and belief.			
	C. NMOCD (6), TLS, CEN	RCDS, ACCTG, MEC, LAND,	TITIF		
	EEB, D&M, T, KW, PARTNERS, ROSWELL, LMC, CTY, FILE P. F. C.		This form is to be filed in compliance with RULE 110 If this is a request for allowable for a newly drilled or which for mount be accompanied by a tabulation of the		
-					
	REGULARORY		All enclose of this form must be filled out completely for all able on new and socompleted walls.		
-		iile)			
		Jate)	well name or number, or transpo	its other such change of conditions in the filled for each pool in multip	

NE.	STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT	OIL CONSERVA		N .	Form C-10/ Revised 10	
	00 00 100-00 0001000	P. O. BO	X 2088		RECEIVED	
		SANTA FE, NEW	MEXICO 87501			
	U 3.4.8.				AUG 05 1981	
	TAANSPORTER OIL		R ALLOWABLE ND			
:	DAS OFERATION PAORATION OFFICE	AUTHORIZATION TO TRANSF	ORT OIL AND NATU	RAL GAS	O. C. D. ARTESIA, OFFICE	
• ·	MESA PETROLEUM C	0				
	Address					
	1000 VAUGHN BUIL Reason(s) for filing (Check proper box	التقاري المتحد والمحالي المحاجبة والمتحد والمحاجب والمحاجب والمحاجب والمحاجب والمحاجب والمحاجب والمحاجب والمحاجب	AND, TEXAS 797			
	New Well	Change in Transporter of:				
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conder	FI -			
	If change of ownership give name			<u></u>		
	and address of previous owner					
:.	DESCRIPTION OF WELL AND	LEASE Well No.   Pool Name, Including Fo	ormation	Kind of Lease	<u>.</u>	Lease No.
	Lease Name MELENA FEDERAL	1 WILDCAT ABO		State, Foderal	or Fee NM	33943
	Location		1980		west	
	Unit Letter <u>C</u> ; <u>660</u>	Feet From The <u>NORTH</u> Lin	e and	Feet From Th		
	Line of Section 15 T.	withip 95 Range	24E , NMPN	, <u>С</u> Н	AVES	County
	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	.s			
	Name of Authorized Transporter of Cli	cr Condensate X	Address (Live adaress		RIDGE, TX 760	
	KOCH OIL COMPANY	sinchead Gas 📄 or Dry Gas 🕅	Address (Give address	to which approve	d copy of this form is to	be sent)
	TRANSWESTERN PIP	ELINE CO.	P.O. BOX 20			
	if well produces off or liquids, give location of tanks.	Unit Sec. 1wp. Rge.	NO			
		th that from any other lease or pool,	give commingling orde	r number:		
	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen I	Plug Back   Same Res	v. Diff. Res'y
	Designate Type of Completion	Date Compl. Ready to Prod.	X Total Depth		P.B.T.D.	i
	Dete Spudded 2-9-81	7-8-81	3776'		374	<u>5'</u>
	Lievations (DF, RAB, RT, GR, etc.)	Name of Producing Formation ABO	Top Oll/Gas Pay 3368'		Tubing Depth 3321	0'
	3589.9' GR	<u> </u>			Depth Casing Shoe 3775 '	
	3368'3390'	TUBING, CASING, AND	CEMENTING RECOR	₹D	5775	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	1	SACKS CEM	ent 0/450/200
	17 1/2"	13_3/8	871'			0/350/300
	7 7/8"	4 1/2	3775'		450/30	0
		2 3/8	jier recovery of solo voli		nd must be sound to or s	rcred top allow
	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hour	<b>\$</b> )		
	Dote First New Oll Run To Tonks	Date of Test	Producing Mathod (Flor	<i>υ</i> , puπ.p. <b>g</b> os tijt	, e.c.,	
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
	Actual Pred. During Test	Cil-Bbls.	Water-Bbls.		Gas - MCF	
						- <u></u>
	GAS WELL Actual Prod. Tout-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Grovity of Condensate	
	CAOF = 42	l hour Tubing Presewe (Shut-in)	Cosing Pressure (Shut	(-in)	Choke Size	
	BACK PRESSURE	720	910			<b></b>
<i>.</i> .	CERTIFICATE OF COMPLIAN	CE			ION DIVISION	
	Thereby positive that the rules and	regulations of the Dil Conservation	APPROVED			19
		and that the information given to best of my knowledge and belief.	.BY			
y	(C. NMOCD (6), TLS, CEN	RCDS, ACCTG, MEC, LAND,	TITLE			
,	EEB, D&M, T, KW, PAR	TNERS, ROSWELL, LMC, CIY,	This form is t	o be filed in c	ompliance with NULE	E 1104.
	FILE R. F. Mar	the second	If this is a rec	west for allow	able for a newly drill ded by a tabulation o	ed or deepens I the deviation
	(Sign REGULARORY C		If this is a request for another by a tabulation of the deviation woll, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow			
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	AUGUST 3, 19	)81 p(e)	I well mene ur number	or, or trainsport	III, and VI for char ar, or other such chang	
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