STATE OF NEW MEXICO	•			•	• • •
HERGY AND MINERALS DEPARTMEN	OIL CONSERV		USION	Form C Revise	-104 d 10-1-78
•0. •• ••••••••••••		OX 2088	RECEI	VED	
BANTA FE	SANTA FE, NE	W MEXICO B	7501		
PILE			OCT 4	1982	
LAND OFFICE	REQUEST FO	OR ALLOWABLE		•	
TRANSPORTER DAS			O: C.		
PROPATION OFFICE	AUTHORIZATION TO TRAN	SPORT OIL AND	NATURAREGAS	OFFICE	
Operator Mesa Petroleum Co.			·	······································	
Address				······································	
P.O. Box 2009 / Ama Reason(s) Tor filing (Check proper		Other	(Please explain)		
New Well	Change in Transporter of:				
Recompletion					
Change in Ownership	Casingheod Gas Cond	ensale			
If change of ownership give nam and address of previous owner_	e				
DESCRIPTION OF WELL AN	D LEASE.		Kind of Lea		Loge N
China Federal	9 Undesignated			ral or Fee NM	36648
Location	5 Ondesignated	100			
Unit Letter E;	1650 Feel From The North L	ine and784	Feel From	n The West	
Line of Section 20	T. mship 7 South Range	23 East	, ммрм, Chave	es	Count
DESIGNATION OF TRANSPO	DRTER OF OIL AND NATURAL G	AS			
Name of Authorized Transporter of	Cil of Condensate	Address (Give a		roved copy of this form	
Koch Oil Company		P.0. Box	<u>1558 / Brec</u>	<u>kenridge, Texa:</u> roved copy of this form	<u>s 76024</u>
None of Authorized Transporter of				<u>ton, Texas 770</u>	
Transwestern Pipel	ine Co. (Attn: Aiklen)	Is gas actually		then	
If well produces oil or liquids, give location of tanks.	E 20 7S 23E	No	۱ ۱		
	with that from any other lease or pool	, give comminglin	ig order number:		<u></u>
Designate Type of Comple	$\frac{\text{Oll Well}}{\text{Gas Well}}$	1 1	orkover Deepen	Plug Back Same	Res'v. Diff. Re:
	$\frac{1}{2} Date Compl. Ready to Prod.$	Total Depth	• •	P.B.T.D.	
Date Spudded 6-22-82	9-21-82	3110'		2993'	
Elevations (DF, RKB, RT, GR, etc		Top Oll/Gas Pe	ιγ	Tubing Depth	
3053' GR	ABO	2842'		2914' Depih Casing Shoe	
Perforations 2842' 2983'	•			3053'	
	TUBING, CASING, AN				
HOLE SIZE	CASING & TUBING SIZE		PTHSET	700/200/90	
12-1/4''	<u> </u>	1481'			0
/-//8	2-3/8"	2914'			
	FOR ALLOWABLE (Test must be able for this c	iepin or be jor juit	24 hours		of excess top at
OIL WELL Date First New Oil Run To Tanks	Date of Test		od (Flow, pump, gas	lift, etc.)	
		Casing Pressur		Choke Size	
Length of Test	Tubing Pressure				
Actual Prod. During Test	OII-Bbl.	Water-Bbls.		Gas-MCF	
L					·
GAS HELL		Bbis. Condenao		Gravity of Condens	
Actual Prod. Test-MCF/D 1840	Length of Test 4 hours	Bbis. Condenad	ter MMCr	-	
Testing Method (pitot, back pr.)	Tubing Presewe (Ehut-in)	Cosing Pressure	• (Sbut-in)	Choke Size	
Back Pressure	800	800			
CERTIFICATE OF COMPLI	ANCE			ATION DIVISION	
I hereby certify that the rules a	nd regulations of the Oil Conservation	APPROVED)		
Division have been complied w	with and that the information given the best of my knowledge and belief.				
•	CEN RCDS, ACCTG, LMC, CTY,				
	AND, ROSWELL, DGM, K, TW,	11			
PARTNERS ()	DE Mart	11	1. 1-2. 011	n compliance with rit oweble for a newly di	rilled or deene
	ignature)	I was she to	en numbe accomi	Denied by a reputation	U OT TUM CAATW
•	Coordinator	li testa taken	on the well in acc	nust be filled out con	
	(Tule)	able on new	and recompleted	walls.	
9-29		Fill out	only Sections I. number, or transp	II, III, and VI for conter, or other such ch	inunges of own ange of condit
•	(Date)	Separat	- Forms C-104 mil	ust he filed for each	n pool in mult
		nonipleted w	clin.		

Hold for notice frommet

STATE OF NEW MEXICO ERGY AND MINERALS DEPARTMEN	т			Form C-10 Revised 1	•
. ** **** ******	OIL CONSERV	ATION DIVISIO	N RECEN		• • • • •
DISTAIRUTION		0X 2018 W MEXICO 87501			
FILE			0CT 4	1000	
LAND OFFICE			0014	198 <u>2</u>	
TRANSPORTER OIL		OR ALLOWABLE	О, С. <u>Г</u>)	
OPERATOR	AUTHORIZATION TO TRAN	SPORT OIL AND NATU	RALEGASOF	FICE	
Operation OFFICE					
Mesa Petroleum Co.				<u> </u>	
P.O. Box 2009 / Am Reason(s) for filing (Check proper	arillo, Texas 79189	Other (Pleas	e ezplain)		
New Well X	Change in Transporter of:	_			
Recompletion					
Change in Ownership		ensale [_]			<u>. </u>
If change of ownership give nar and address of previous owner_					
DESCRIPTION OF WELL A	ND LEASE.	Formation	Kind of Lease	•	Lease N
China Federal	9 Undesignated	ABO	State, Federa	Der F NM	36648
Unit Letter E ;	1650 Feel From The North L	ine and 784	Feet From 1	rh. West	
Line of Section 20		23 East , NMPN	đ		Count
	ORTER OF OIL AND NATURAL G				
Nome of Authorized Transporter c	I Cil or Condensate X	Address (Give address	to which approv	ved copy of this form is to	be sentj
Koch Oil Company		P.O. Box 155	<u>8 / Brecke</u>	enridge, Texas 7	76024
		• •			o oe senij
Transwestern Pipel	ine Co. (Attn: Aiklen) 'Unit Sec. Twp. Rge.	P.U. BOX 252. Is gas actually connect		<u>on, Texas 77001</u>	
If well produces oil or liquids, give location of tanks.	E 20 7S 23E	No	i	-	
If this production is commingled COMPLETION DATA	i with that from any other lease or pool	, give commingling orde	r number:	Plug Back Same Res	
Designate Type of Compl		X Worzover	i i	Plug Bock Same Hes	
Date Spudded 6-22-82	Date Compl. Ready to Prod. 9-21-82	Total Depth 3110'		P.B.T.D. 2993 *	
Elevations (DF, RKB, RT, CR, etc 30531 GR	ABO	Top Oil/Gas Pay 2842 1		Tubing Depth 2914 *	
Perforations 2842' 2983'	· · · · · · · · · · · · · · · · · · ·	<u></u>		Depth Casing Shoe 30531	
	TUBING, CASING, AN	D CEMENTING RECOR	D	1 3035	
HOLE SIZE	CASING & TUBING SIZE	DEPTHS	ET	SACKS CEM	ENT
12-1/4"	8-5/8"	1481'		700/200/900	
7-7/8"	<u>4-1/2''</u> 2-3/8''	<u> </u>		350	
	2-3/8			↓	·····
TEST DATA AND REQUEST		after recovery of total volu lepth or be for full 24 hours		and must be equal to or e.	xceed top all
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flor	v, pump, gas lif	(t, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	•	Choke Size	
Actual Pred. During Test	Oil-Bble.	Water-Bbls.		Gas-MCF	
GAS WELL	Length of Test	Bbls. Condenacte/MMC	۶	Gravity of Condensate	
1840	4 hours	-		_	
Back Pressure	Tubing Presewe (Shut-in) 800	Cosing Pressure (Sbut 800	-in)	Choke Size	
CERTIFICATE OF COMPLI			ONSERVAT	ION DIVISION	
Y kanaku mantifu at sa at sa ta	nd remulations of the Oli Commenter	APPROVED		s	19
Division have been complied v	nd regulations of the Oll Conservation with and that the information given				
	the best of my knowledge and belief. CEN RCDS, ACCTG, LMC, CTY,				
	AND, ROSWELL, DGM, K, TW,				
PARTNERS ()	$\Delta = M_{-}$	This form is to	te filed in c	ompliance with RULE	1104.
PARTNERS () 2 E Mark		I walt this form mus	the accompan	able for a newly drille aled by a tabulation of	The deviat
رہ Regulatory	 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 fulled out completely for allow able on new and recompleted wells. 				
9-29	(Tilla))-82	Till out only	Sections 1 11	111. and VI for chan	
•	(Date)	well manie or numbe	r, or transports = C-104 must	er, or other such change the filed for each po	ol in multi
•		completed wells.			

NE	STATE OF NEW MEXICO	OIL CONSERV		RECE	EIVED Form C-	104 10-1-78
-		P, O, B	OX 2088 W MEXICO 87501	OCT 4	1982	
	F 14 F	SANIA FE, NE	W MEXICO 87501			
	LAND OFFICE DIL		DR ALLOWABLE	O. C. ARTESIA, I		
	07ERATOR	AUTHORIZATION TO TRANS	AND SPORT OIL AND NATU			
1.	Operator	<u> </u>	<u> </u>	<u></u>		
	Mesa Petroleum Co.					
	P.O. Box 2009 / Amar: Recson(s) for filing (Check proper box		Other (Please	explaint		
	New Well	Change in Transporter of:		(spiolay		
	Recompletion Change in Ownership	Oil Dry G Casinghood Gas Conde	ias []] ensate []]			
	If change of ownership give name and address of previous owner					
1.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name China Federal	9 Undesignated		Kind of Lease State, Federa		Lecee No 36648
					1411	
	Unit Letter <u> </u>	650 Feel From The North Li	ne and784	Feet From 7	rhe West	
	Line of Section 20 To	mahip 7 South Range 2	23 East , NMPM,	Chaves	5	County
I.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G.	AS Address (Give address t	o which approv	ved copy of this form is	to be sentj
	Koch Oil Company		P.O. Box 1558	/ Brecke	enridge. Texas	76024
	Name of Authorized Transporter of Ca Transwestern Pipeline		Address (Give address t P.O. Box 2521		on. Texas 7700	-
	If well produces oil or liquids, cive location of tanks.	Unit Sec. Twp. Rge. E 20 75 23E	Is gas actually connecte NO			·····
1		th that from any other lease or pool,		number:		
	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	estv. Diff. Rest
	Designate Type of Completi	11	Total Depth	1 1 	P.B.T.D.	
	Date Spudded 6-22-82	Date Compl. Ready to Prod. 9-21-82	3110'		2993'	
	Zievations (DF, RKB, RT, CR, etc.) 3053' GR	Name of Producing Formation ABO	Top Oll/Gas Pay 2842 '		Tubing Depth 2914	
	Perforations 2842' 2983'				Depth Casing Shoe 3053'	
l	2042 - 2000	TUBING, CASING, AN	D CEMENTING RECOR	D		
ļ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	т	5ACKS CE	
ĺ	<u>12-1/4''</u> 7-7/8''	4-1/2"	3053!		350	
i		2-3/8"	2914'		<u> </u>	
	TEST DATA AND REQUEST F		after recovery of total volume epth or be for full 24 hours,		and must be equal to or	exceed top allo
Ī	Dil WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow		i, etc.)	
L	Length of Test	Tubing Pressure	Casing Pressure	·	Choke Size	
ŀ	Actual Pred. During Test	Oil-Bhis.	Waiet-Bbls.		Gas + MCF	
			<u>]</u>		L	
	GAS WELL					
Ī	Actual Prod. Teet-MCF/D 1840	Length of Test 4 hours	Bbls. Condensate/AMCF	•	Gravity of Condensat	•
F	Tealing Method (pirol, back pr.) Back Pressure	Tubing Pressure (Shut-in) 800	Cosing Pressure (Sbut-	in)	Choke Size	
L ۱. (CERTIFICATE OF COMPLIAN			DNSERVAT	ION DIVISION	
_			APPROVED			. 19
J	Division have been complied with	regulations of the Oll Conservation and that the information given best of my knowledge and belief.	.BY			
-	XC: NMOCD (6), TLS, CE					
	REM (FILE), MIDLAN	This form is to	te filed in c	ompliance with RUL	E 1104.	
PARTNERS () <u><i>Regulatory Coordinator</i></u>			If this is a request for allowable for a nawly drilled or despen well, this form must be accompanied by a tabulation of the deviati			
			- All sections of this form must be filled out completely for all			letely for allow
	9-29-8		able on new and rec Fill out only 9	ections 1 11	111. and VI for chi	inges of owne
-	. (De	bie)			ter, or other such char ter filed for wech (
			H consistent wells.			

-18	STATE OF NEW MEXICO	OIL CONSERV.	ATION DIVISIO			orm C-104 evised l(•							
	DISTRIBUTION		DX 2088 W MEXICO 87501	0CT 4	1982									
		REQUEST FO	R ALLOWABLE	O. C ARTESIA,										
,	TRANSPORTER OLS	AUTHORIZATION TO TRANS	AND PORT OIL AND NATUR	AL GAS-										
١.	Mesa Petroleum Co.		·····											
	Address P.O. Box 2009 / Amar:	illo. Texas 79189												
	Reason(s) for filing (Check proper box New Well X		Other (Please	ezplain)	·····	- 1.1								
	Recompletion													
	Change in Ownership	Casingheod Gas Conde												
	If change of ownership give name and address of previous owner		<u></u>											
I.	DESCRIPTION OF WELL AND	I.EASF.	ormation .	Kind of Lease		<u> </u>	Leges Na							
	China Federal	9 Undesignated		State, Federal			36648							
	Location Unit Letter <u>E</u> : 10	550 Feel From The North Li	ne and784	_ Feet From 1	west									
	Line of Section 20 T.	mahip 7 South Range 2	23 East , NMPM.	Chaves			County							
I.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS Address (Give address to	which approv	ed copy of this	form is to	be senij							
	Koch Oil Company	singhead Gas 📄 or Dry Gas 🕅	P.O. Box 1558 Address (Give address to											
	Transwestern Pipeline	e Co. (Attn: Aiklen)	P.O. Box 2521	/ Housto		•								
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. E 20 7S 23E	Is gas octually connected NO	17 Whe	n –									
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order	number:										
	Designate Type of Completion	on = (X) Oil Well Gas Well	New Well Workover	Deepen I	Plug Back S	ame Res'	v. Diff. Rest							
	Date Spudded 6-22-82	Date Compl. Ready to Prod. 9-21-82	Total Depth 3110'	1	P.B.T.D. 29931		f							
	Zievations (DF. RKB. RT, CR. etc.) 3053' GR	Name of Producing Formation ABO	Top Oll/Gas Pay 2842'		Tubing Depth 2914									
	Perforations 2842' 2983'				Depth Casing 30531	Shee								
	HOLESIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD		SAC	KS CEME	INT							
	12-1/4"	8-5/8"	1481'	·	700/200									
	7-7/8''	4-1/2"	3053'		350									
Ì		2-3/8"	2914'											
	TEST DATA AND REQUEST FO		fier recovery of total volum pth or be for full 24 hours) Producing Method (Flow,			il to or exi	ceed top allo							
ļ	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		-,							
	Actual Pred. During Test	Oll-Bbls.	Water-Bbls.		Gas • MCF									
l		<u> </u>	<u> </u>	_ · . · · · _ · · · · ·	l									
÷	GAS WELL	······												
	Actual Prod. Tool-MCF/D 1840	Length of Test 4 hours	Bbls. Condensate/MMCF		Gravity of Con	denegle								
ſ	Back Pressure	Tubing Presewre (Shut-in) 800	Cosing Pressure (Sbut-3 800)	Chote Size									
. (CERTIFICATE OF COMPLIANCE			NSERVATI	ON DIVISIO)N								
	hereby certify that the rules and r	-	APPROVED				9 9							
	Division have been complied with above is true and complete to the	best of my knowledge and belief.	.BY											
XC: NMOCD (6), TLS, CEN RCDS, ACCTG, LMC, CTY, REM (FILE), MIDLAND, ROSWELL, D&M, K, TW, PARTNERS () 2 E Mark (Signature) Regulatory Coordinator			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the wall in accordance with RULE 111. All sections of this form must be filled out completely for allow											
								(Tir 9-29-8)		able on new and reco Fill out only Se	mpleted wel	14.		
							-	9-29-8. (De		Fill out only 3e well panie of number, Seperate Forms	or transports	r, or other such	h change	of conditio
										Seperate Forms completed wells.		=		

STATE OF NEW MEXICO ERGY AND MINERALS DEPARTMENT	•	DEf	Form C-104 CEIVED Revised 10-1-78		
		ATTOM DIVISION 11			
0.151 R / PUT 10H SANTA / E FILE U.5.0.1.		W MEXICO 87501 OCT	4 1982		
			C. D.		
	-	AND ARTES SPORT OIL AND NATURAL GAS-	A OFFICE		
Operation Mesa Petroleum Co.		······			
Address P.O. Box 2009 / Ama	rillo Texas 70180				
Reason(s) for filing (Check proper b) () ()	Other (Please explain)			
New Well X Recompletion	Change in Transporter of: Oil Dry G				
Change in Ownership	Casinghead Cas 🗌 Conde	ensate			
If change of ownership give name and address of previous owner	•				
DESCRIPTION OF WELL AN	D LEASF.	Formation Kind of Lea	se Legse N		
China Federal	9 Undesignated				
Unit Letter <u>E</u> :	1650 Feet From The North Li	ne and 784 Feet From	The West		
Line of Section 20 -	Temship 7 South Range 2	23 East , NMPM, Chave			
	RTER OF OIL AND NATURAL G				
Northe of Authorized Transporter cf (Koch Oil Company	Cil 🔲 or Condensate 🕅	Address (Cive address to which appr P.O. Box 1558 / Breck			
Name of Authorized Transporter of (Address (Give address to which appro	oved copy of this form is to be sentj		
Transwestern Pipeli	ne Co. (Attn: Aiklen) Unit , Sec. Twp. Rge.	P.O. Box 2521 / Houst	ion, Texas 77001		
cive location of tanks.	E 20 7S 23E	No			
If this production is commingled COMPLETION DATA	with that from any other lease or pool, Oil Well Gas Well	give commingling order number:	¹ Plug Back ¹ Same Res'v, ¹ Diff. Res		
Designate Type of Comple		X			
Date Spudded 6-22-82	Date Campl. Ready to Prod. 9-21-82	Total Depth 3110'	P.B.T.D. 2993 '		
Zievations (DF, RKB, RT, GR, etc., 3053' GR	j Name of Producing Formation ABO	Top Oil/Gas Pay 2842'	Tubing Depth 2914 ^t		
Perforations 2842' 2983'			Depth Casing Shoe 3053 [†]		
		D CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	700/200/900		
7-7/8''	4-1/2"	3053!	350		
	2-3/8"	2914'	-		
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this di	ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top al.		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas 1	ift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Pred. During Test	Oil-Bble.	Waier+Bbla.	Gas + MCF		
]			
GAS WELL Actual Prod. Tool-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
1840 Teeling Method (pilol, back pr.)	4 hours Tubing Presews (shut-in)	Cosing Pressure (Sbut-in)	- Chote Size		
Back Pressure	800	800 DIL CONSERVA			
CERTIFICATE OF COMPLIAN	NCE				
Division have been complied with		APPROVED			
•	he best of my knowledge and belief. EN RCDS, ACCTG, LMC, CTY,	· BY			
REM (FÌLÉ), MIDLA	ND, ROSWELL, DEM, K, TW,	TITLE			
PARTNERS ()	27 Mark				
/ (Sij	inolwe)	I walt this form must be accompa	inied by a tabulation of the deviat		
Regulatory	Coordinator	tests taken on the well in acco All sections of this form mu	idence with RULE 111. ist he filled out completely for all		
	Tiula)	able on new and recompleted w	elle.		
9-29-	82 Dalej	Fill out only Sections I. I well name or number, or transpor	I, III, and VI for changes of own ter, or other such change of conditi		
. (1			t he filed for each pool in multi		
		· · · · · · · · · · · · · · · · · · ·			

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ME	STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT	OUL CONSERV	ATION DIVISIO	N RECEI	VED Revised	104
	- DISTRIBUTION		DX 2088			
	3 A W 1 A F E FILE U.S.O.S.	SANTA FE, NE	W MEXICO 87501	OCȚ 4	1982	
	LAND OFFICE		RALLOWABLE	0. C.		
	OPENATOR	AUTHORIZATION TO TRANS	ND PORT OIL AND NATUR	ARTESIA (AL GAS-	<u>DENCE</u>	
۱.	PROMATION OFFICE	<u></u>	<u> </u>	,		
	Mesa Petroleum Co.					
	P.O. Box 2009 / Amar					
	Reason(s) for filing (Check proper box New Well X) Change in Transporter of:	Other (Please	explain)		
	Recompletion		• □			
	Change in Ownership	Casingheod Gas Conde	insole			
	If change of ownership give name and address of previous owner		·····		· · · · · · · · · · · · · · · · · · ·	
1.	DESCRIPTION OF WELL AND	LEASF.	· · · · · · · · · · · · · · · · · · ·			
	China Federal	 Well No. Pool Name, Including F 9 Undesignated 		Kind of Lease State, Federa		26648
	Location					
	Unit Letter <u>E</u> ; <u>1(</u>	550 Feel From The North Li	ne and <u>784</u>	_ Feet From 7	rh•_West	
	Line of Section 20 T.	mahip 7 South Range 2	23 East , NMPM,	Chaves	3	County
I.		TER OF OIL AND NATURAL G	AS			
	Norme of Authorized Transporter of Cil Koch Oil Company	or Condensate 🕅	Address (Give address to P.O. Box 1558		enridge. Texas	
	Name of Authorized Transporter of Ca		Address (Give address 10	which approv	ved copy of this form is	10 be sent)
	Transwestern Pipeline	CO. (Attn: Aiklen)	P.O. Box 2521		<u>on. Texas 7700</u>	1
	If well produces oil or liquids, give location of tanks.	E 20 7S 23E	No	l		
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order	number:		· · · · · · · · · · · · · · · · · · ·
•.	Designate Type of Completio	on = (X) Oil Well Cas Well X	New Well Workover	i Deepen	Plug Back Same R	es'v. Diff. Res'
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	• -L	P.B.T.D.	· · · · · · · · · · · · · · · · · · ·
	6-22-82 Elevations (DF, RKB, RT, GR, esc.)	9-21-82 Name of Producing Formation	3110' Top Oil/Gas Pay		2993 ¹ Tubing Depth	······
	3053' GR	ABO	2842'		2914'	
	Perforations 28421 29831	·			Depth Casing Shoe 30531	
	······	TUBING, CASING, AN	D CEMENTING RECORD)	······································	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	T	5ACKS CE	
İ	<u>12-1/4''</u> 7-7/8''	4-1/2"	3053!		350	
ļ		2-3/8"	2914'		<u> </u>	
 -	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volum	e of load oil i	i	exceed top allo
	OIL WELL Date First New Oil Run To Tanks		pth or be for full 24 hours) Producing Method (Flow,			
				-,,		
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
t	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	w ⁻	Gas-MCF	
ι	<u></u>	L	I		<u>]</u>	•
ī	GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condenacte/MMCF		Gravity of Condensat	•
	1840	4 hours	-			
	Back Pressure	Tubing Presews (Shut-in) 800	Cosing Pressure (Sbut- 800		Choke Size	
. 1	ERTIFICATE OF COMPLIANCE			NSERVAT	ION DIVISION	· ·
1	hereby certify that the rules and r	egulations of the Dil Conservation	APPROVED			. 19
3	Division have been complied with bove is true and complete to the	and that the information given	·BY			
		N RCDS, ACCTG, LMC, CTY,	TITLE			
	REM (FILE), MIDLANI	D, ROSWELL, DGM, K, TW,	11		ompliance with RUL	E 1104.
	PARTNERS ()	E Mark	If this is a reque	at for allow	able for a newly dril	led or deepens
(Signolwe) Regulatory Coordinator (Tille)			well, this form must tests isken on the w	be accompar ell in accom	dance with MULE 1	of the deviation
			 All sections of this form must be filled out completely for allogable on new and recompleted wells. 			
_	9-29-8			ctions 1 IL	III. and VI for chi	ingle of owne ige of condition
	. (De		Separate Forma	C-104 muet	tie filed for each	pool in multip
			ii rondijeted welle.			