NO OF COPIES REC	£11.0	<u>.</u> 5	<b>-</b>
DISTRIBUTION			
SANTA FE			
FILE			2
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL	17	
	GAS		
OPERATOR			F -
PRORATION OFFICE		Π	
Operator	/		

SANTA FE /		NEW MEX R	Form C-104 Supersedes Old C-104 and C				
FILE /	2		Effective 1-1-65				
U.S.G.S.	AUTI	HORIZATION	N TO TRA	NSPORT O	L AND NATURAL	GASTEDEIVED	
TRANSPORTER OIL /	+						
GAS						789181 <b>971</b>	
OPERATOR 2	‡					• • •	
PRORATION OFFICE							
ARWOOD, LTD.			<u> </u>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
P.O. Box 20200, Dai	las, Texas	75220					
Reason(s) for filing (Check prope				Oth	er (Please explain)		
New Well	Change	in Transporter	of:	_			
Recompletion	Oil	<b>.</b>	Dry Ga	=			
Change in Ownership	Casing	head Gas	Conder	nsate			
If change of ownership give named address of previous owner	ne Stallworf	th 011 & 6	las, 407	West Mi	souri Avenue,	Midland, Texas 79701	
DESCRIPTION OF WELL A		o. Pool Name,	Including F	ormation	Kind of Legs	se Lease No	
Mulcock Federal	1			6br. S./	-	al or Fee Federal LC 063925	
Location Unit Letter K ; 2	310 Feet F	The	Vest	165	Feet From	The South	
25	14	Le		30E			
Zane or decision	104115111	<del></del>			, NMPM, KOO	County	
Name of Authorized Transporter of		Condensate			address to which appro	oved copy of this form is to be sent)	
Navajo Refining Co.				+		ssia, N. M. 88210	
Name of Authorized Transporter of	f Casinghead Gas	or Dry G	ias 🗀	Address (Give	address to which appro	oved copy of this form is to be sent)	
	I I I I I I I I I I I I I I I I I I I	True	TB	Is gas actuall	was a second		
If well produces oil or liquids, give location of tanks.	Unit	ec.   Twp.   25   168	18.ge.	is gas actuali	y connected?   wr	nen	
			<del>,                                    </del>				
If this production is commingle COMPLETION DATA	d with that from	any other leas	e or pool,	give comming	ing order number:	<del>-</del>	
	lation (Y)	Oil Well	Gas Well	New Well	Workover Deepen	Plug Back   Same Resty. Diff. Res	
Designate Type of Comp		! !		ļ .		1	
Date Spudded	Date Compl.	. Ready to Prod	•	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, et	Name of Pro	oducing Formation		Top Oil/Gas	Pay	Tubing Depth	
Listations  DI , RRB, RI, GR, et	e.,		•••	1000000	-1		
Perforations				<u> </u>		Depth Casing Shoe	
	<del></del>			CEMENTING			
HOLE SIZE	CASIN	NG & TUBING	SIZE	D	EPTH SET	SACKS CEMENT	
			<del></del>			<del> </del>	
TEST DATA AND REQUES	r FOR ALLOW					and must be equal to or exceed top allo	
OIL WELL Date First New Oil Run To Tanks	Date of Tes		jor this de	pth or be for full Producing Met	l 24 hours) thod (Flow, pump, gas li	ift, etc.)	
Date First New Oil Hun 10 lanks	Date of Yes	•		Froducting Ma	ilou (1 sow) pamp, gos vi	,,,,	
Length of Test	Tubing Pres	ISUTO	· · · · · · · · · · · · · · · · · · ·	Casing Press	πe .	Choke Size	
Actual Prod. During Test	Oil-Bbls.			Water - Bbls.		Gas-MCF	
' <u>_,</u>							
OAC WEST T							
Actual Prod. Test-MCF/D	Length of T	est		Bbls. Conden	ate/MMCF	Gravity of Condensate	
					•	-	
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in	)	Casing Press	re (Shut-in)	Choke Size	
CEDMETO AND ON COUNT	ANCE				OIL CONSERVA	ATION COMMISSION	
CERTIFICATE OF COMPLI	ANCE			]	MAR 4	1971	
I hereby certify that the rules (	and regulations c	of the Oil Con	servation	APPROVE	D - WINT -	, 19	
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.			BY W. a. Gressett				
Apove is tide and complete to	AWGOD, LTD.	,			OIL AND GAS INS	PECTOR	
	•		l	TITLE	VIL AND GAS INS	1201011	
1 .	D					compliance with RULE 1104.	
Frazier Arwood	000			If this	is a request for allow	wable for a newly drilled or deepen unied by a tabulation of the deviati	
rrazier Arwood (	signature) <b>Ce</b> f	. Partner	•	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	(Title)	<u> </u>				ist be filled out completely for allo	
Fab. 1, 1971			Fill o	w and recompleted We out only Sections I. I	I. III. and VI for changes of owner		
	(Date)			well name	or number, or transpor	ter, or other such change of condition	
				Separa	te Forms C-104 mus	it be filed for each pool in multip	
			-				