NO. OF COPIES RECEIVED		Form C-103 Supersedes Old					
DISTRIBUTION							
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65					
FILE	JAN 1 3 1972	5a. Indicate Type of Lease					
U.S.G.S.	JAN 1 2 1312	State Fee X					
LAND OFFICE		5. State Oil & Gas Lease No.					
OPERATOR 2	o. State on a das Bease the						
CHAID	ARMY 11 S						
SUNDR (DO NOT USE THIS FORM FOR PRO USE "APPLICATI							
1.		7. Unit Agreement Name					
OIL GAS WELL							
2. Name of Operator	. `	8. Farm or Lease Name					
John DiPaolo and F	Platt H						
3. Address of Operator	9. Well No.						
Post Office Box 342	Roswell, New Mexico 88201	10. Field and Pool, or Wildcat					
4. Location of well							
UNIT LETTER,	650 FEET FROM THE South LINE AND 990 FEET FROM						
N/	TOWNSHIP 18 S. RANGE 26 E. NMPM						
THE WEST LINE, SECTION	N TOWNSHIP RANGE NMPM						
	12. County						
	Eddy ()()()						
16. Check	Appropriate Box To Indicate Nature of Notice, Report or Or	her Data					
	-	T REPORT OF:					
_							
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING					
TEMPORARILY ABANDON	PLUG AND ABANDONMENT						
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB						
	OTHER						
OTHER		A STATE OF THE STA					
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.							
work) SEE ROLE 1100.							
December 10, 1971	through December 31, 1971						
Dulled rods and tub	oing; repaired pump; cleaned out well; reran re	ods and tubing and					
nut back on product	tion.						
put back on production. <del>Flowed</del> 4 BOPD; gas TSTM; 20 BW							
Pump							
	·						
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNED JUTHEN T.	Task Operators	DATE January 12, 1972					

Greenett TITLE SEE MENT CAR MEPERSON DATE JAN 20 1972

CONDITIONS OF APPROVAL, IF ANY:

1	NO. OF COPIES RECEIVED		paragraphy a		
	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104	
	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE		AND R	ECELVED	
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL O	GAS — — — —	
	LAND OFFICE			IAN 1 0 1070	
	TRANSPORTER GAS		•	JAN 1 0 1972	
	OPERATOR /				
	PRORATION OFFICE			_C. C. C.	
•	Operator			RTESIA, DEFICE	
	John DiPaolo and Fil Naranjo				
	Post Office Box 342, Roswell, New Mexico 88201				
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:	Office (1 reads explain)		
	Recompletion	Oil Dry Gas		·	
	Change in Ownership	Casinghead Gas Condens	sate		
	If change of ownership give name and address of previous owner	Guy A. Swartz, 2807 Ta	nglewood, San Angelo,	Texas 76901	
II.	Lease Name	Well No. Pool Name, Including Fo	rmation Kind of Leas	Lease No.	
	Platt A	3 Dayton Graybi	Charles Tadana	d or Fee Fee	
	Location	3 Dayton Gray D			
	Unit Letter L ; 1	650 Feet From The South Line	and 990 Feet From	The West	
	Line of Section 26 Tow	vnship 18 S. Range 2	6E. , NMPM, Edd	County County	
	PROPERTY OF THE ANCHORS	PER OF OUT AND NATURAL CAS	3		
III.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)	
	1		P. O. Box 1183, Housto	on. Texas 77001	
	Name of Authorized Transporter of Cas	The Permian Corporation  Name of Authorized Transporter of Casinghead Gas Toron or Dry Gas  Address (Give address to which approved copy of this form is to be sent)			
	Phillips Petro	oleum Co.			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	en	
	give location of tanks.	L 26 18 S. 26 E.	No :		
	If this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	on - (X)			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Perforations				
		TUBING CASING AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oil pth or be for full 24 hours)	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 l	ift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				Gas - MCF	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	GG8 - 10101	
	CAC WET T			<u></u>	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
			APPROVED JAN	2 0 1972 . 19	
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	1/10 /	resset	
	above is true and complete to the	with and that the information given e best of my knowledge and belief.	BY_W, U,		
	who to tave		TITLE OIL AND GAG ANSPECTOR		
	V XCIVA !		11	compliance with RULE 1104.	
	//// A		Time form to to be time a		

(Title)

(Date)

January 6, 1972

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.

Separate Forms C-104 must be filed for each pool in multiply