U.S.G.S.			
TRANSPORTER	OIL	1	
	GAS	\dagger	
OPERATOR	رکی		
PRORATION OFFICE			

	DISTRIBUTION SANTA FE / FILE /	DECLIECT	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL	GAS		
	LAND OFFICE	No money		REGELVE		
	TRANSPORTER OIL /			VED		
	OPERATOR J			MAR 1 1 1968		
	PRORATION OFFICE			1968		
I.	Operator					
	PENNZOIL COMPA	NY /		ARTEBIA, DEFICE		
	Address	1000 Williams Morros	79701			
	P. O. Drawer Reason(s) for filing (Check proper box)	1828 - Midland, Texas	Other (Please explain)			
	New Well	Change in Transporter of:	Other (Liteuse explain)			
	Recompletion	Oil Dry Ga:	s 🔲			
	Change in Ownership	Casinghead Gas Conden	sate 🗌			
	If change of ownership give name and address of previous owner					
		LEASE Misquite	14 . 12 1411			
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lea	N FY		
	FEDERAL "A"	1 Wildeat	State, Fede	eral or Fee Federal 029388 (d)		
	Location					
	Unit Letter D; 660	Feet From The North Lin	e and 660 Feet From	m The . West		
	_	10-6	31-E . NMPM.	Eddy County		
	Line of Section 3 Tow	mship 18-S Range	31-E , , , NMPM,	Eddy County		
***	DESIGNATION OF TRANSPORT	CEP OF OUL AND NATURAL GA	s			
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	proved copy of this form is to be sent)		
	The Permian Corporation		P.O. Box 3119 - Midland, Texas 79701			
	Name of Authorized Transporter of Casinghead Gas 📆 💮 or Dry Gas 🗀		Address (Give address to which app	proved copy of this form is to be sent)		
	Undetermined			When		
	If well produces oil or liquids,	Unit Sec. Twp. Rge. D 3 18-S 31-E	Is gas actually connected?	Unknown		
	give location of tanks.	<u> </u>				
TT,	If this production is commingled wit	h 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)	X	1 1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	11-22-67	2-25-68	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	10997'	11016'		
	3751 GR Perforations	Strawn	10337	Depth Casing Shoe		
	One hole @ following depths: 11001, 11002, 1100		03, & 11004'	12016'		
			D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	17-1/2	13-3/8	736	600		
	12-1/4	9-5/8	4800	950		
	8-3/4	5-1/2 2-3/9 FIFE	12016 11016	1200		
V	able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)		
	2-25-68	2-26-68	Flow			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	24 hrs.	250	Water - Bbls.	24/64 Gas-MCF		
	Actual Prod. During Test	Oil-Bbls. 304	None	546		
		304				
	CAC WELL					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. 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 CONSER	VATION COMMISSION		
			APPROVED	APPROVED 19		
	G. Indian book complied	regulations of the Oil Conservation with and that the information given	1106	111111111111111111111111111111111111111		
	above is true and complete to the	e best of my knowledge and belief.	BY W. a. Gressett			
			TITLE			
				in compliance with RULE 1104.		
			inis form is to be filed	an wanterman Han		

(Signature)
Manager of Production

(Title)

March 5, 1968

(Date)

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 completed wells.