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SANTA FE		1	
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
PROBATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

----der Old C-104 and C-110

	SANTA FE /	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE /	AUTHORIZATION TO TRAN	AND ISPORT OIL AND NATURAL	GAS		
-	LAND OFFICE		EIVED	. 649		
	OIL /	* £ L	EIVEU			
	TRANSPORTER GAS /	ina				
	OPERATOR /	JAN	26 1979			
1.	PRORATION OFFICE					
	Operator		. C. C.			
	Mesa Petrole	um co.	NA, OFFICE			
	1000 Vaughn I	Building Midland, Texas	79701			
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Gas	<u></u>			
	Change in Ownership	Casinghead Gas Condens	sate			
	If change of ownership give name					
	and address of previous owner					
**	DESCRIPTION OF WELL AND I	.EASE				
11.	Lease Name	Well No. Pool Nam	e, Including Formation	Kind of Lease		
	Lincoln State Co	n 1 Unde	signated-Morrow	State, Federal or Fee State		
	Location		660			
	Unit Letter H ; 203	OFeet From TheNorthLine	e and 660 Feet Fro	m The <u>FAST</u>		
	Line of Section 24 , Tow	mship 18S Range 2	24E , NMPM,	Eddy County		
	Line of Section 24 , Tow	nsinp 100				
III.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GAS	S (C) - II - As which an	proved copy of this form is to be sent)		
	Name of Authorized Transporter of Oil	or Condensate 🗶	Address (Give address to which ap)			
	Permian Corporation	Dry Cas TV	P.O. Box 1183 Housto	n. Texas 77001 proved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas			Tal, NM 88252		
	El Paso Natural G	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	If well produces oil or liquids, give location of tanks.	H 30 18S 24E	Yes	2-16-79		
		h that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	Oll Well Gas Well	New Well Workover Deepen	Pring Back Same rise is		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded 3-19-78	8-14-78	8638'	8541'		
	Pool Penasco Draw monem	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Undes i gna ted	Morrow	8497'	8455'		
	Perforations			Depth Casing Shoe 8638		
8497'-8513' TUBING, CASING, AND CEMENTING RECORD						
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	17 1/2	13 3/8	370	400 sx "C"		
	12 1/4	8 5/8	1100	400 sx POZ + 200 sx "C"		
	7 7/8	4 1/2	. 8638	750 sx "H"		
		2 3/8	8455			
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)					
	OL WELL Date First New Oil Run To Tanks					
	E ats 7 hot New Chi Man 10 1	Las instituen on than to the				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			Water - Bbls.	Gas-MCF		
	Actual Prod. During Test	Oil-Bbls.	Water - Este.	2 4 g.C		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	1900	4 hrs		Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure			
	Back Pressure	310	PKR OUR CONSES	32/64 RVATION COMMISSION		
VI	. CERTIFICATE OF COMPLIAN	CE	OIE CONSER	RVATION COMMISSION EB 2 원 1979		
			APPROVED	, 19		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		W. Liessett				
	above is true and complete to the best of my knowledge and belief.		BY W, C, C, X			
	·		TITLE	TITLESUPERVISOR, DISTRICT H		
1		This form is to be filed in compliance with RULE 1104.				
	J/ aucia told		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			
		nature)	tests taken on the well in a	ccordance with RULE 111.		
	Agent		All sections of this form must be filled out completely for allow			

(Title) (Date)

XC: JLF, MEC, JWH, NMOCD, FILE, WI OWNERS

able on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 multiple completed wells.