NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE // FILE // U.S.G.S. LAND OFFICE	REQUEST F	INSERVATION COMMISE I OR ALLOWABLE AND ISPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS	
IRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE / Operator			RECEIVED	
Jake L. Hamon		<u></u>		
611 Petroleum Building	, Midland, Texas 79701		JUN 1 8 1980	
Reason(s) for filing (Check proper box) New Well X Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens		O. C. D. ARTESIA, OFFICE	
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND L Lease Name State LG 2985 Location Unit Letter K ; 1980	EASE Well No. Pool Name, Including For 1 / Turkey Track, Feet From The South Line	Nerth Morrow State, Federal	or Fee State LG 2985	
Line of Section 26 Town	nship 18-S Range 28	-Е , ммрм,	Eddy County	
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil The Permian Corporation Name of Authorized Transporter of Cash Llano, Inc. If well produces oil or liquids, give location of tanks.		Address (Give address to which approv Box 3119, Midland, Texa Address (Give address to which approv P. O. Box 1320, Hobbs, Is gas actually connected?	as 79702 red copy of this form is to be sent)	
If this production is commingled with COMPLETION DATA	h that from any other lease or pool, g	give commingling order number:		
Designate Type of Completion	n = (X) Oil Well Gas Well X	New Well Workover Deepen X	Plug Back Same Res'v. Liff, Res'v.	
Date Spuddød	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
4-12-80	June 9, 1980 Name of Producing Formation	11,000' Top Oll/Gas Pay	10,926'	
Elevations (DF, RKB, RT, GR, etc.) 3514' K.B.	Morrow	10,760' /0862-	10,804'	
Perforations 10,862 to 10,884'				
	TUBING, CASING, AND		SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	<u>рертн set</u> 438	525	
11"	8-5/8"	3,420	1,550	
7-7/8"	5-1/2"	10,999	1st stage 900 sks	
		in the state in the state of load oil	2nd stage 275 sks	
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- oil, WELL (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)				
Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
GAS WELL		Bble. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	13.9	54.8°	
CAOF 2,799 Testing Niethod (pitot, back pr.)	3 hrs & 45 mins Tubing Pressure(Shut-in)	Casing Pressure (Shut-in)	Choke Size	
4 Point Back Pressure	2661	Packer	14/64	
CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION	
I hereby certify that the rules and regulations of the Oli Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED AUG 40 1980 . 19		
		BY_ W. G. Susset		
		SUPERVISOR. DISTRICT II		
1 Park		This form is to be filed in	compliance with RULE 1104.	
filled / film	ature)	I wall this form must be accomp	If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation	
Petroleum Engineer		tests taken on the well in accordance with NULE 111. All sections of this form must be filled out completely for allow-		
(Tule) June 17, 1980		able on new and recomploted 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.		
	ate)	well name or number, or transpo	itel of other when ensuine of constraint	