NO. OF COPIES RECEIVED NEW MEXICO OIL CONSERVATION COMMISSION DISTRIBUTION Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE SANTA FE 1 RECEIVED AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND FILE U.S.G.S. LAND OFFICE MAR 3 1 1971 TRANSPORTER GAS • OPERATOR 1 n. c. c. PRORATION OFFICE H. L. Brown, Jr. / Midland, Texas 79701 309 Midland Tower, Other (Please explain) Reason(s) for filing (Check proper box) X Change in Transporter of: New Well Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Lease No. Kind of Lease State, Federal or Fee Federal LC062376 H G Morrow 1 Jus Yates Federal Location Feet From The East 1980 South 1980 Feet From The __Line and _ Unit Letter County , NMPM, Eddy 19 \$ Range 30 E 30 Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Fox 3119, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) The Permian Corporation Name of Authorized Transporter of Casinghead Gas ____ or Dry Gas X Box 1320, Hobbs, New Mexico 0. Liano, incorporated P.ge. Twp. Unit Sec. If well produces oil or liquids, give location of tanks. 3-29-71 Yes 198 | 30E <u>30</u> If this production is commingled with that from any other lease or pool, give commingling order number: Same Res'v. Diff. Res'v. IV. COMPLETION DATA Plug Back Gas Well New Well Workover Deepen Oil Well Designate Type of Completion - (X) XX XX Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 12,115 12,029 10-16-70 8-15-70 Tubing Depth Top Oil/Gas Pay evations (DF, RKB, RT, GR, etc.) Name of Producing Formation 11,745 Depth Casing Shoe 11,874' 3333' KB Morrow Perforations 12115 11,874' - 11,977' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 4401 400 15" 11-3/4" 37401 1250 8-5/8" 11" 500 12,1151 7-7/8" 4-1/2" 23/8" 11745 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 allowable for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Ggs - MCF Water - Bble. OII - Bbls. Actual Prod. During Test

GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size 4-1/2 Hours
Tubing Pressure (Shut-in) Casing Pressure (Shut-in) 2807.7 Testing Method (pitot, back pr.) 14/64"

Packer

VI. CERTIFICATE OF COMPLIANCE

Back Pressure

March 30, 1971

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.

2297 psig

| B. D. Baker | Make |
|--------------------|---------|
| (Signature) | |
| Petroleum Engineer | |
| | (Title) |

(Date)

OIL CONSERVATION COMMISSION

APPROVED

OIL AND GAS INSPECTOR

TITLE _ This form is to be filed in compliance with RULE 1104.

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.