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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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O. O. O.
ARTESIA OFFICE

| | |
|--|---|
| Operator Penrec Oil Corporation | |
| Address P. O. Box 1004, Midland, Texas | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|---------------------------------------|---|--|---|
| Lease Name Indian - Federal | Well No. 1 | Pool Name, Including Formation Indian Basin - Morrow | Kind of Lease State & Federal |
| Location | | | |
| Unit Letter G | 1980 Feet From The North Line and 1980 Feet From The East | | |
| Line of Section 19 | Township 21S | Range 24E | NMPM, Eddy County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| McWood Corporation | 364 Petroleum Club Bldg., Abilene, Texas |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Southern Union Gas Co. | Box 199, Artesia, New Mexico 88210 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| G | 19 21 24 |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|---|--|-------------------------------------|-------------------------------------|----------------------------------|----------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | |
| Date Spudded 9-17-63 | Date Compl.-Ready to Prod. 1-28-64 | Total Depth 9361 | | P.B.T.D. | | | | |
| Pool Indian Basin | Name of Producing Formation Morrow | Top Oil/Gas Pay 9225 | | Tubing Depth 9050 | | | | |
| Perforations 9226-40; 9310-48; 9411-22; 9455-70 | | | | Depth Casing Shoe 9360 | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 24" | 20" | | 35' | | 25 sz | | | |
| 17" | 13-3/8" | | 363' | | 775 sz | | | |
| 11" | 8-5/8" | | 3114' | | 1486 sz | | | |
| 7-7/8" | 4-1/2" | | 9560' | | 825 sz | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

| | | | |
|--|---------------------------------|-----------------------------------|----------------------------|
| Actual Prod. Test-MCF/D 11,834 | Length of Test 2 hrs. | Bbls. Condensate/MMCF - | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure 1196# | Casing Pressure | Choke Size 22/64 |

CERTIFICATE OF COMPLIANCE

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.

J. B. Castle
(Signature)

(Title)

July 9, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 30 1965** **SEP 7 1965**

BY **M. L. Armstrong**
TITLE **OIL AND GAS INSPECTOR**

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 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 multiply completed wells.

