| Ψ  | A. 37. FF<br>A. 47. FF | REQUEST AUTHORIZATION TO TRANSPORT $^{\vee}$ 1 and , Texas 79701 | CONSERVATION COM<br>FOR ALLOWABLE<br>AND<br>ANSPORT GIL AND NATUPAL C<br>RECEIVE<br>JAN 19 1977<br>D. C. C.<br>ARTESIA, OFFICE<br>Other (Please explain)   | D   |  |
|--|--|--|--|---|--|
|  | Change in Ownership<br>If change of ownership give name<br>and address of previous owner   | Casinghead Gas [_] Conde   | asate [] Add day and the   | <u></u>   |  |
| 18.  | I. DESCRIPTION OF WELL AND LEASE         Lease Nume         Vell No.         FAF Federal         Vell No.         Pool Name, Including Formation         Kind of Lease         State, Federal         NM         O554477         Location         Unit Letter         I         State         Feet From The         South         Line of Section         23         Township         22S         Range         25E         NMPM,         Eddy         County  |  |  |   |  |
| m.   |  | FER OF OIL AND NATURAL GA  |  |   |  |
|  | Name of Authorized Transporter of Oll or Condensate X<br>Summit Gas Company<br>Name of Authorized Transporter of Casinghead Gas X or Dry Gas<br>El Paso Natural Gas  |  | Address (Give address to which approved copy of this form is to be sen:)<br>405 Entex Bldg., Houston, Texas 77002<br>Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1492, El Paso, Texas 79978  |   |  |
|  | If well produces oil or liquids,<br>give location of tanks.  | Unit Sec. Twp. Pge.<br>1 23 225 25E                              | Is gas actually connected? Whe   | mann 1-26-77  |  |
| If the production is commingled with that from any other lease or pool, give commingling order number:   |  |  |  |   |  |
| 2 <b>V</b> .   | C. dPLETION DATA<br>Designate Type of Completio  | OII Well Gas Well  | New Well Workover Deepen   | Plug Back   Same Restv. Diff. Restv.                            |  |
|  | Date Spudded   | Date Compl. Ready to Prod.                                       | Total Depth  | P.B.T.D.  |  |
|  | 7-29-74  | 2-3-75   | 11,470   | 9478  |  |
|  | Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation                                      | Top Otl/Gos Pay<br>9382  | Tubing Depth<br>9302  |  |
| • .  | GR3440<br>Perforations   | Upper Penn.  | 3302   | Depth Casing Shoe   |  |
|  | 9382-9396  |  |  | 9509  |  |
|  | HOLE SIZE  | CASING & TUBING SIZE   | D CEMENTING RECORD   | SACKS CEMENT  |  |
|  | 124  | 8 5/8  | 1751   | 1175  |  |
|  | 7 7/8  | 4 <sup>1</sup> / <sub>2</sub>                                    | 9509   | 400   |  |
|  |  | 2 3/8"   | 9302   |   |  |
| ν.   | . 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 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 lift, etc.) |  |  |  | i, etc.)  |  |
|  |  |  |  |   |  |
|  | Longth of Test   | Tubing Pressure  | Casing Pressure  | Choke Size  |  |
| _  | Actual Prod. During Test   | Oil-Bbls.  | Water-Bbis.  | Gas-MCF   |  |
|  | GAS WELL   |  |  | P.C. 14   |  |
|  | Actual Prod. Test-MCF/D  | Length of Test   | Bbis. Condensate/MMCF<br>6   | Gravity of Condensate   |  |
|  | 185 HOF 3415<br>Testing Method (pitol, back pr.)   | 4<br>Tubing Pressus (Shrt-in)                                    | Casing Pressure (Shut-in )   | Choke Size  |  |
|  | Back Pressure  | S.I. 2967  | Packer   | Various   |  |
| 71.  | CERTIFICATE OF COMPLIANC   | CE   | OIL CONSERVATION COMMISSION  |   |  |
|  | I hereby certify that the rules and r  | egulations of the Oil Conservation                               | APPROVED JAN 2,7 1977  |   |  |
|  | Commission have been complied w<br>above is true and complete to the   | ith and that the information given                               | BY_ U. a. Gresset  |   |  |
|  | in complete to the   |  | TITLESUPERVISOR, DISTRICT, IL  |   |  |
|  |  |  | This form is to be filed in compliance with RULE 1104.<br>If this is a request for allowable for a newly drilled or despend<br>well, this form must be accompanied by a tabulation of the deviation<br>tests taken on the well in accordance with RULE 111.<br>All sections of this form must be filled out completely for allow-<br>able on new and recompliated wells. |   |  |
|  | Cillan Sc  | emp  |  |   |  |
|  | (Signa   |  |  |   |  |
|  | Engineering Assistan<br>(Til   |  |  |   |  |
|  | January 18, 1977   |  | Fill out only Sections I. II   | Fill out only Sections I. II. III, and VI for changes of owner, |  |
| (Date) .   |  |  | well name or number, or thransporter, or other such change of condition.   |   |  |