	SA TA FE // FI E // G.S. ////////////////////////////////////	DIL CONSERVATION COMMISSION EST FOR ALLOWABL AND TRANSPORT OIL AND NATURAL GAS			Form C-104 Supersedes Old C-104 and C- Effective 1-1-65			
1.	TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE		RECEIVED					
	NRM Petrole	um Corporation FEB 3 1976						
	900 Building of Southwest - Midland, Texas 79701							
ŀ	tor the thing taneer proper	box)	Dther (Please explain)					
L	New Well X Recompletion Change in Ownership	Casinghead Gas Co	ry Gas Request 1000 Bb1. Testing Allowable					
a	and address of previous owner	3						
II. I	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease							
	Golden Federal	of Lease , Federal or Fee	Lease No.					
'		1 Golden Lane		red jllu/0286			70286	
			Line and	<u>660</u> Fee	et From The	West	·	
L		ownship 20-S Range	30-E	, NMPM,	Eddy		County	
	ESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL (GAS					
1	Permian Corporat	Address (Give address to which approved copy of this form is to be sent) Box 1183 - Houston, Texas 77001						
	Name of Authorized Transporter of C	Address (Give address to which approved copy of this form is to be sent)						
11	f well produces oil or liquids, ive location of tanks.		ually connected?	When				
L		D 33 20 S 30 E			l l			
		ith that from any other lease or pool		ngling order numb	er:			
	Designate Type of Complet	on - (X)	New Well	Workover Dee	pen Plug Ba	ck Same Res'v. Dif	f. Res'v.	
D	ate Spudded 9-25-75	Date Compl. Ready to Prod.	Total Depti	h	P.B.T.D	1 1 1 J.		
EI	evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	12,64 Top Ofl/Ga	2		150		
Pe	3343 G.L.	Strawn	11,11		Tubing E			
	1,117; 118; 121; 122; 123; 124; 125; 126; 127;			130; 131: 132: 133 Depth Casing Shoe				
	HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	ID CEMENTI	NG RECORD	AB_			
	26 1743	20	45(SACKS CEMENT		
	124	13-3/8 8-5/8	161		1	1400		
	7-7/8	5-1/2	4040]	575		
V. TE	ST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery o	of total values of to	ad oil and must be	900		
	SI DAIA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours) S First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						p allow-	
Lei	ngth of Test	Tubing Pressure			•••••••			
		Tublig Flessure	Casing Pres	Bure	Cheke Siz	•		
Act	tual Prod. During Test	O11-Bbls,	Water - Bbls.		Gas - MCF			
' <u></u>		<u> </u>		· · · · · · · · · · · · · · · · · · ·]	
-	SWELL Jual Prod. Test-MCF/D	Length of Test	T					
			Bbls. Conden	isate/MMCF	Gravity of	Condensate		
Tes	ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Press	we (Shut-in)	Choke Size	•		
I. CEF	RTIFICATE OF COMPLIANC	E]	
7 60-					RVATION CO	MMISSION		
	uission neve been complied wi	gulations of the Oil Conservation th and that the information given best of my knowledge and belief.	APPROVE			, 19		
	o to the and complete to the	best of my knowledge and belief.	BY	$N, \mathcal{U}, \mathcal{A}$	ressett		_	
ſ) $()$	TITLE SUPERVISOR, DISTRICT, II						
\- (3 Bannado	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a name of the form						
Con	(Signation Sulting Engineer for	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.						
	(Title)	All sec	All sections of this form must be filled out completely for allows				
				able 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.				
		·	well name o	ir number, or trans;	porter, or other a	uch change of condi	tion.	
ja		· · · · · · · · · · · · · · · · · · ·						