

ARTESIA OFFICE COPY

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

RECEIVED

I.

Operator	Cities Service Oil Company	DEC 23 1976	RECEIVED
Address	P. O. Box 1919 - Midland, Texas 79701	O.C.C.	DEC 22 1976
Reason(s) for filing (Check proper box)	ARTESIA, OFFICE		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	Dry Gas
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Elizondo Federal	Well No.	4	Pool Name, including Formation	Und. Burton Flat Morrow	Kind of Lease	State, Federal or Fee	Fed.	Lease No.	NM 0354232
Location										
Unit Letter	C	660	Feet From The	North	Line and	1980	Feet From The	west		
Line of Section	34	Township	21-S	Range	27-E	NMPM,	Eddy	County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
undecided						
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)		
undecided						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	34	21-S	27-E	No	

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.
		X	X				X	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
10/7/76	12/13/76		11,775'		11,731'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3167.95' GR	Morrow		11,387'		11,298.29'			
Perforations 2-0.48" holes each @ 11,387', 11,388', 11,425', 11,426', 11,447', 11,449', 11,451', 11,453', 11,458', 11,460', 11,461', 11,462', 11,464', 11,466',					Depth Casing Shoe			
11,466'					11,775'			
*see below								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" OD		600'		600 sacks			
12-1/4"	8-5/8" OD		3020'		1500 sacks			
7-7/8"	5-1/2" OD		11,775'		750 sacks			

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CAOF 12,273	4 hours		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	3790		15/64", 18/64" 25/64" & 30/64"

VI. 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.



Region Operations Manager

(Title)

12/20/76

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 multiple

*11,467', 11,468', 11,469', 11,470', 11,472', 11,474', 11,494', 11,495', 11,516', 11,517', 11,518', 11,519',

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

ROSWELL OFFICE COPY

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

RECEIVED

DEC 23 1976

RECEIVED

DEC 22 1976

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

I.

Operator	Cities Service Oil Company		
Address	P. O. Box 1919 - Midland, Texas 79701		
Reason(s) for filing (Check proper box)	O.C.C. (Please explain)		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Elizondo, Federal	Well No.	4	Pool Name, including Formation	Und. Burton Flat Morrow	Kind of Lease	State, Federal or Fee	Fed.	Lease No.	0354232
Location										
Unit Letter	C	660	Feet From The	North	Line and	1980	Feet From The	west		
Line of Section	34	Township	21-S	Range	27-E	NMPM,	Eddy	County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
undecided						
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)		
undecided						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	34	21-S	27-E	No	

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.
		X	X				X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10/7/76	12/13/76	11,775'	11,731'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3167.95' GR	Morrow	11,387'	11,298.29'					
Perforations 2-0.48" holes each @	11,387', 11,388', 11,425', 11,426', 11,447', 11,449', 11,451', 11,453', 11,458', 11,460', 11,461', 11,462', 11,464', 11,466'	Depth Casing Shoe						
(see below)	11,775'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8" OD	600'	600 sacks					
12-1/4"	8-5/8" OD	3020'	1500 sacks					
7-7/8"	5-1/2" OD	11,775'	750 sacks					

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)

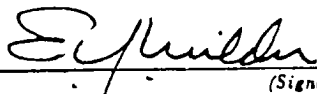
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CAOF 12,273	4 hours		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	3790		15/64", 18/64" 25/64" & 30/64"

VI. 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.



Region Operations Manager

12/20/76

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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 multiple

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11,520', 11,522', 11,524', 11,526', 11,528', 11,529', 11,530', 11,532', 11,534', 11,536', 11,538', 11,540',

N. M. O. C. C. CORP
NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Effective 1-1-65

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DEC 23 1976

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DEC 22 1976
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

I. Operator
Cities Service Oil Company
Address
P. O. Box 1919 - Midland, Texas 79701

O. C. C.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elizondo, Federal 2	Well No. 4	Pool Name, including Formation Und. Burton Flat Morrow	Kind of Lease State, Federal or Fee	Fed.	Lease No. NM 0354232
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The west Line of Section 34 Township 21-S Range 27-E , NMPM, Eddy County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> undecided	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> undecided	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 34	Twp. 21-S	Rge. 27-E	Is gas actually connected? No	When

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.
			X	X				X	
Date Spudded 10/7/76	Date Compl. Ready to Prod. 12/13/76	Total Depth 11,775'		P.B.T.D. 11,731'					
Elevations (DF, RKB, RT, GR, etc.) 3167.95' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,387'		Tubing Depth 11,298.29'					
Perforations 2-0.48" holes each @ 11,387', 11,388', 11,425', 11,426', 11,447', 11,449', 11,451', 11,453', 11,458', 11,460', 11,461', 11,462', 11,464', 11,466', (see below)		Depth Casing Shoe 11,775'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8" OD		600'		600 sacks				
12-1/4"	8-5/8" OD		3020'		1500 sacks				
7-7/8"	5-1/2" OD		11,775'		750 sacks				

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)

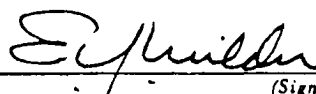
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D CAOF 12,273	Length of Test 4 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3790	Casing Pressure (Shut-in)	Choke Size 15/64", 18/64" 25/64" & 30/64"

VI. 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.



Region Operations Manager

(Title)

12/20/76

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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.

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Separate Forms C-104 must be filed for each pool in multiple

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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

N. M. O. C. C. COPY
NEW MEXICO OIL CONSERVATION COMMISSION
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Effective 1-1-65

RECEIVED

DEC 23 1976

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DEC 22 1976
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

I.

Operator	Cities Service Oil Company		
Address	P. O. Box 1919 - Midland, Texas 79701		
Reason(s) for filing (Check proper box)	ARTESIA, OFFICE		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	Dry Gas
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Elizondo Federal	Well No.	4	Pool Name, including Formation	Und. Burton Flat Morrow	Kind of Lease	State, Federal or Fee	Fed.	NM	Lease No.	0354232
Location											
Unit Letter	C	660	Feet From The	North	Line and	1980	Feet From The	west			
Line of Section	34	Township	21-S	Range	27-E	, NMPM,		Eddy	County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
undecided						
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)		
undecided						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	34	21-S	27-E	No	

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.
		X	X				X	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
10/7/76	12/13/76		11,775'		11,731'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
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(see below)					11,775'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" OD		600'		600 sacks			
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(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)

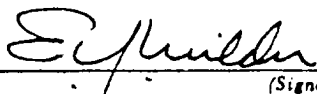
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CAOF 12,273	4 hours		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	3790		15/64", 18/64" 25/64" & 30/64"

VI. 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.



Region Operations Manager

(Title)

12/20/76

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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OPERATOR'S COPY

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-111
Effective 1-1-65

RECEIVED

I.

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

Operator: Cities Service Oil Company
Address: P. O. Box 1919 - Midland, Texas 79701
Reason(s) for filing (Check proper box):
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain):
DEC 23 1976
DEC 22 1976
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Elizondo Federal	Well No.: 4	Pool Name, including Formation: Und. Burton Flat Morrow	Kind of Lease: Fed.	Lease No.: 0354232
Location: Unit Letter C, 660 Feet From The North Line and 1980 Feet From The west				
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III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
undecided	
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)
undecided	
If well produces oil or liquids, give location of tanks.	Unit: C, Sec: 34, Twp: 21-S, Rge: 27-E, Is gas actually connected? No, When:

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.
		X	X				X	
Date Spudded: 10/7/76	Date Compl. Ready to Prod.: 12/13/76	Total Depth: 11,775'	P.B.T.D.: 11,731'					
Elevations (DF, RKB, RT, GR, etc.): 3167.95' GR	Name of Producing Formation: Morrow	Top Oil/Gas Pay: 11,387'	Tubing Depth: 11,298.29'					
Perforations 2-0.18" holes each @ 11,387', 11,388', 11,425', 11,426', 11,447', 11,449', 11,451', 11,453', 11,458', 11,460', 11,461', 11,462', 11,464', 11,466'		Depth Casing Shoe: 11,775'						
(see below)								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
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(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 CAOF 12,273	Length of Test 4 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3790	Casing Pressure (Shut-in)	Choke Size 15/64", 18/64", 25/64" & 30/64"

VI. 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.


(Signature)
Region Operations Manager
(Title)
12/20/76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

OPERATOR'S COPY
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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U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

Operator
Cities Service Oil Company
Address
P. O. Box 1919 - Midland, Texas 79701

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elizondo Federal A	Well No. 4	Pool Name, including Formation Und. Burton Flat Morrow	Kind of Lease State, Federal or Fee Fed. NM	Lease No. 0354232
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The west Line of Section 34 Township 21-S Range 27-E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> undecided	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> undecided	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 34	Twp. 21-S	Rge. 27-E
Is gas actually connected?		When		
No				

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.
		X	X				X	
Date Spudded 10/7/76	Date Compl. Ready to Prod. 12/13/76	Total Depth 11,775'	P.B.T.D. 11,731'					
Elevations (DF, RKB, RT, GR, etc.) 3167.95' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,387'	Tubing Depth 11,298.29'					
Perforations 2-0.48" holes each @ 11,387', 11,388', 11,425', 11,426', 11,447', 11,449', 11,451', 11,453', 11,458', 11,460', 11,461', 11,462', 11,464', 11,466', (see below)		Depth Casing Shoe 11,775'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" OD		600'		600 sacks			
12-1/4"	8-5/8" OD		3020'		1500 sacks			
7-7/8"	5-1/2" OD		11,775'		750 sacks			

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 CAOF 12,273	Length of Test 4 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3790	Casing Pressure (Shut-in)	Choke Size 15/64", 18/64" 25/64" & 30/64"

VI. 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.



Region Operations Manager

(Title)

12/20/76

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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 multiple

*11,467', 11,468', 11,469', 11,470', 11,472', 11,474', 11,494', 11,495', 11,516', 11,517', 11,518', 11,519',
11,520', 11,522', 11,524', 11,526', 11,528', 11,529', 11,530', 11,532', 11,534', 11,536', 11,538', 11,540',