1	NO. OF COPIES RECEIVED	5								•
	DISTRIBUTION		NEW	LUEVICO	211 601	6=3\ / <b>4</b> =				_
	SANTA FE		NET	MEXICO				NOICL ،		Form C-104 Supersedes Old
	FILE	12		REQU		IN ALLI	DWABLE			Effective 1-1-65
	U.S.G.S.		AUTHORIZA	TION TO	•		ו מאס וור	JATHDAL	GAS	
	LAND OFFICE		AUTHORIZA	THOR TO	111011		JIL AIND I	TATORAL	GAS	
	TRANSPORTER OIL GAS	//					- T	SEI	VE	)
	OPERATOR	7								
	PRORATION OFFICE	1						AN A :	1970	
•	Operator	<del></del>							1710	
	Champlin Pe	troleum	Company /					C) 53 c	٦	
	Address						AR	res <sub>ia, t</sub>	4. 3165	
	300 Wilco B		Midland, To	exas 7	9701				· E	
	Reason(s) for filing (Check )	proper box)			. –	0	ther (Please	explain)		
	New Well		Change in Trans	sporter of:						
	Recompletion		Oil		Ory Gas					
	Change in Ownership		Casinghead Gas		Condensat	e				
	If change of ownership giv and address of previous ov DESCRIPTION OF WEL Legse Name	vner	EASE	Name, Includ	ling Form	ation	40-25-0-20-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	Kind of Lec	15 <del>0</del>	
	Reeves-Fede	na l	1	t Carlst	-		ac	State, Fede	ral or Fe	• Federal NM
	Location	rai	Z Las	t carrist	Jud-110	110W-0	<u>u 3</u>			reactur it:
	Unit Letter C	; 660	Feet From The	North	Line a	nd	1980	Feet From	n The	West
	Line of Section 35	Towns	ship 21-S	Range	e	27-E	, NMPM	<u> </u>	Eddy	
I.	DESIGNATION OF TRA	NSPORTE	CR OF OIL AND	NATURA ™. J	A					by of this form is to
	The Dermian Cor	noration			P	0 Ro	x 1183.	Houstor	ı. Tex	as 77001

P.O. Box 1183, Houston, Texas 77001 The Permian Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas \_\_\_\_\_ or Dry Gas \_\_\_\_\_\_ P.O. Box 1492, El Paso, Texas 79999 El Paso Natural Gas Company 11un 11un 1 Is gas actually connected? When If well produces oil or liquids, give location of tanks. 21-S: 27-E 35 В Ve.5 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. New Well Plug Back Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. 1-21-78 11,681 11,622 11-4-77 Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 11,510 11,350 3134' Gr. Morrow Depth Casing Shoe Perforations 11,675 11,510-11,538 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET 13-3/8" 500 600 8-5/8" 2600 1400 121/4" 5-1/2" 1000 7-7/8" 11,677

(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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test 15 Casing Pressure Length of Test Tubing Pressure Gas - MCI 17 Water - Bbls. Oil-Bbls. Actual Prod. During Test

GAS WELL					
Actual Prod. Test-MCF/D 3099	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in)	Casing Pressure (shut-in) Sealed	Choke Size 18/64		

## 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.

What to melanded	
(Signature)	
District Clerk	

(Title) 1-27-78 (Date)

OIL CONSERVATION COMMISSION

Address (Give address to which approved copy of this form is to be sent)

Supersedes Old C-104 and C-110

Lease No.

14768-A

County

APPROVED_	MAR - 2 1978 19	
	W.a. Gressett	
BY	- (	
	SUPERVISOR, DISTRICT II	

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

If this is a request for allowable for a newly drilled or despened 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