1.	NO. OF COPICE RECEIVED DISTRIBUTION SANTA FE IFILE U.S.G.S. LAND OFFICE IRANSPORTER OIL PRORATION OFFICE Operation Jake L. Hamon	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS RECEIVED FEB 1 7 1982 O. C. D. ARTESIA, OFFICE
Address 611 Petroleum Building, Midland, Texas 79701				
	Reason(s) for filing (Check proper box New Well X Recompletion Change in Ownership) Change in Transporter of: Oil Dry Ga Casinghead Gas Conder		
	If change of ownership give name and address of previous owner			
۱.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.			
	State 32 Com 1 Springs-Morrow Gas State, Federal or Fee State L-5449 Location Unit Letter G ; 2080 Feet From The North Line and 1980 Feet From The East			
			6E , NMPM,	Eddy County
1.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sent;
	Fina Supply, Inc. Name of Authorized Transporter of Cas	singhead Gas 🗌 or Dry Gas 🔀	P. O. Box 2159, Dallas Address (Give address to which appro	Texas 75221 oved copy of this form is to be sent)
	Natural Gas Pipeline C		P. O. Box 236, Midland	, Texas 79702
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.gc. G 32 205 26E	· · ·	^{1en} 3.22-82 Setimate-Aprél 1, 1982
If this production is commingled with that from any other lease or pool, give commingling order number:				
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty,
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	2-24-81 Elevations (DF, RKB, RT, GR, etc.)	8-18-81 Name of Producing Formation	10,325 Top Cil/Gas Pay	10,260 Tubing Depth
	3308 GR 3321 KB	Morrow	9913	9,927
	Perforations 10,066' to 10.076' an	d 10,080' to 10,087'		Depth Casing Shoe
	10,000 10 10.070 an	en en la companya de	CEMENTING RECORD	10,325
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	17-1/2	12-3/4	368	550
	11 7-7/8	<u>8-5/8</u> 5-1/2	2,813	1,300
	5-1/2 csng	2-3/8" tubing	10,325	None
	TEST DATA AND REQUEST FOR ALLOWARDE (Test much softward s			
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.)				ift. etc.)
				Doster I-T
	Length of Test	Tubing Pressure	Casing Pressure	ift, etc.) Choke Size Gab-MCF
	Actual Prod. During Test	Oll-Bbis.	Water - Bbls.	Gas-MCF 7
	GAS WELL			_
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	908 CAOF	4 hrs. Tubing Pressure (shut-in)	Trace Casing Pressure (Shut-in)	<u>46.6</u> Choke Size
	Testing Method (pitot, back pr.) 4 Point Back Pressure	2852 psig	Packer	CHOKE SILE
•	CERTIFICATE OF COMPLIANO		OIL CONSERVATION COMMISSION MAR 2 6 1982	
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	ith and that the information given	APPROVED	
			TITLE SUPERVISOR, DISTRICT II	
	\bigcap $h \downarrow l D$	K.	This form is to be filed in compliance with RULE 1104.	
	fill / Dar	1 M	If this is a request for allowable for a newly drilled or drepened well, this form must be accompanied by a tabulation of the doviation	
	Petroleum Engineer	1. w v j	tosts taken on the well in accordance with RULE 111.	
	Tiu (Tiu	le)	All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
	February 15, 1982	te)	Fill out only Sections I. J	II, III, and VI for changes of owner, iter, or other such change of condition.