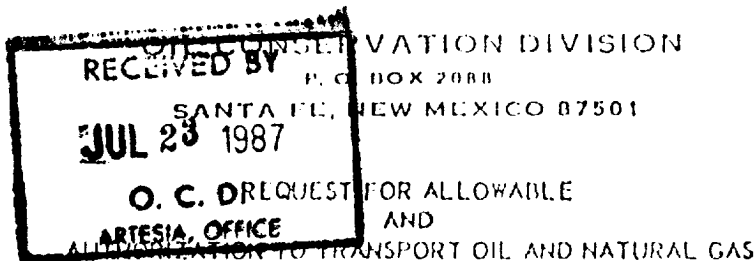


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DISTRIBUTION	
ANTARCTIC	☒
FILE	☒
F.O.S.	
AND OFFICE	
TRANSPORTER	☒
OIL	
GAS	
OPERATION	
ADDITIONAL OFFICE	
TOTAL	



SWD

DINERO OPERATING COMPANY

Address

P.O. DRAWER 10505, MIDLAND, TEXAS 79702

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Completion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of ownership give name V. H. Westbrook, P.O. Box 2264, Hobbs, New Mexico 88240
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Guy A. Reed	2	Malaga Delaware	State, Federal or Fee	Fee

Location

Unit Letter L 862.7 Feet From The West Line and 2116.4 Feet From The South

Line of Section 24 Township 24S Range 28E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
--	------	------	------	------	----------------------------	------

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Unit
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Excavations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Cementations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			7-24-87
			chg. sp.

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of flood oil and must be equal to or exceed top oil
L WELL able for this depth or be for full 24 hours)

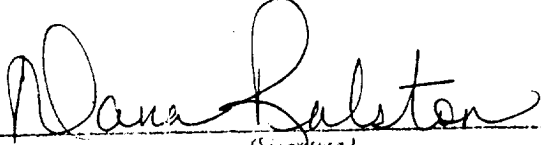
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

IS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)

Production Clerk

July 16, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 24 1987

BY Original Signed By
Les A. Clements

TITLE Supervisor District II

This form is to be filed in compliance with Rule 100.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device 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 name, well name or number, or transporter or other such change of condition.