

NO. OF COPIES RECEIVED		2
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

FEB 13 1973

I. Operator
Midwest Oil Corporation ✓ O. C. C.
Address ARTESIA, OFFICE
1500 Wilco Building, Midland, Texas 79701
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of: Dual Completion - Second Zone
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name N. Mex. "W" State	Well No. 1	Pool Name, Including Formation S. Carlsbad / Atoka	Kind of Lease State, Federal or Fee State	Lease No. K-2857
Location Unit Letter G 1980 Feet From The N Line and 1980 Feet From The E Line of Section 3 Township 23-S Range 26-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"/> Dry Gas	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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, N. Mex. 88252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? NO	When Approx. March 15, 1973

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
Date Spudded 7-18-72	Date Compl. Ready to Prod. 11-27-72	Total Depth 11,850'	P.B.T.D. 10,870'					
Elevations (DF, RKB, RT, GR, etc.) Gr. 3299'	Name of Producing Formation Atoka	Top Oil/Gas Pay 10,740'	Tubing Depth 11,212'					
Perforations 10,740-10,778			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	12-3/4	370	370
11	8-5/8	5370	1105
7-7/8	4-1/2	11815	400

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 2100	Length of Test 4 hr.	Bbls. Condensate/MMCF Dry Gas	Gravity of Condensate
Testing Method (pitot, back pr.) Back pr	Tubing Pressure (Shut-in) 600 psi	Casing Pressure (Shut-in)	Choke Size

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.

Bonnie Husband
(Signature)
Production Clerk
(Title)
February 9, 1973
(Date)

OIL CONSERVATION COMMISSION
JUL 6 1973
APPROVED _____, 19____
BY W. P. Gressett
TITLE OIL AND GAS INSPECTOR

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 multiply completed wells.