NO. OF COPIES RECE	4		
DISTRIBUTION			
SANTA FE			
FILE		IZ	-
U.\$.G.\$.			
LAND OFFICE			
IRANSPORTER	OIL	\mathbb{Z}	
	GAS	Ĭ	
OPERATOR			
PRORATION OFFICE			
Operator			
Orla	Peto	20,	Inc
Addeses			

Field Manager

2/9/78

(Title)

(Date)

-	SANTA FE	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE / D		AND	AS	
-	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	A3	
-	LAND OFFICE			0 = 0 = 1	
	TRANSPORTER GAS			RECEIVED	
ŀ	OPERATOR /			MAR - 2 1978	
1.	PRORATION OFFICE Operator			MAN	
_					
Orla Petco, Inc.					
P.O. Box 953, Midland, Texas 79702					
Ī	Reason(s) for filing (Check proper box)		Other (Please explain)	C BELOW NOW DE	
- 1	New Well KX	Change in Transporter of:	CASINGHEAD GA	5-/-7	
1	Recompletion	Oil Dry Gas Casinghead Gas Condens	TO THE PARTY AND EXCHANGE	EPTION TO Rule 306V	
	Change in Ownership	Casinghead Gas Condense	IS OBTAINED	El Holy To page	
	If change of ownership give name and address of previous owner		C/H2-27/		
	naconimical of WELL AND I	FACE	•		
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	i	i	
	Sanders	2 Herradura Bend	(Delaware) State, Federal	or Fee Fee	
	Location				
	Unit Letter H : 1650	Feet From The North Line	and 660 Feet From 7	The East	
	Line of Section 6 Tow	mship 23-S Range 28	B-E , NMPM, Eddy	County	
		TED OF OIL AND NATURAL GAS			
II.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS or Condensate	Address (Give address to which approv	ped copy of this form is to be sent)	
	Permian Corporation	1	Box 1183, Houston, Te:	xas 77001	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approx	ped copy of this form is to be sent;	
			Is age actually connected? . Whe	20	
	If well produces oil or liquids,	0	is gas actually commenter.		
	give location of tanks.	H 6 23-S 28-E	No gas		
	If this production is commingled wit	h that from any other lease or pool, g	ive commingling order number:		
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic	on - (X) XXX	XXX		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	12/22/77	2/7/78	2435 Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	1		2408*	
	3025 * G.L.	Dozamazo Gaile	2420 2431	Depth Casing Shoe	
	Perforations 1 42	20-35		2420	
	(1) 11	TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	10"	8 5/8"	372*	250 sx	
	8"	412"	2420 •	125 sx	
	413"	2 3/8" (Tubing)	2408*		
				and must be equal to or exceed top allow	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	oth or be for full 24 hours;	and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	1	-	Pumping		
	2/7/78 Length of Test	2/7/78 Tubing Pressure	Casing Pressure	Choke Size	
	24 hrs.	Pumping		Gas - MCF	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		
	70 bbls.	50	20	TSTM	
	\ <u></u>			Q stora	
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Eding.		J. P. S.	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Tourney Manager & Control of the Con			1 3/3/	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION OF COMPLIANCE					
41			APPROVED MAR -	3 1978	
I hereby certify that the rules and regulations of the Oil Conservation			L. Gressett		
I hereby certify that the rules and that the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		SUPERVISOR, DISTRICT, II			
Shoke to time and combined to me			SUPERVISOR, DISTRICT.		
			TITLE	compliance with Bill F 1104.	
	1 / - /	7 + 1 h	- 4	compliance with RULE 1104. by a newly drilled or deepens	
	mus la C. 10	Who of	well, this form must be accomp		
(Signature)			Il tests taken on the well in acc	OLIGERICA MITH MAPE	

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