ſ	HO. OF COPIES RECEIVED			
	DISTRIBUTION SANTA FE		ONSERVATION COM SION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
	FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			L CAS
	LAND OFFICE			
	TRANSPORTER GAS /			25 1979
	PROFATION OFFICE		.ju;	<u> </u>
1.	Operator			
	Address			
	Permian Building, Suite 511, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well X Change in Transporter of:			
	Change in Ownership Casinghead Gas Condensate Adul Com, to Kesse name.			
į	If change of ownership give name			
	and address of previous owner			
Ħ.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo		
	Malaga Co	1 Wildest - At	toka State, Fo	ederal or Fee Fee
	Unit Letter C 1980Feet From The NorthLine and 1980 Feet From The East			
	Line of Section 3 Township 24-S Range 28-E , NMPM, Eddy County			
ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil			
	El Paso Natural Gas			
	If well produces oil or liquids, give location of tanks.	1 1 1	do 10-5	7-27-29
IÝ.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio		X Total Depth	P.B.T.D.
	Date Spudded February 27, 1979	Date Compl. Ready to Prod. July 16, 1979	13,100'	11,775'
	Elevations (DF, RKB, RT, GR, etc.) 3016 GL, 3041 KB	Name of Producing Formation Atoka	Top Oil/Gas Pay 11,672'	Tubing Depth 11,517
	Perforations	ALUKA	1 22,072	Depth Casing Shoe 13,100
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 2100
	26" 17 1/2 "	20" 13 3/8"	3,000'	2400
	12 1/4"	9.5/8"	10,400'	3460 550
V.	8 1/2" 6 1/8" TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	1011001	d oil and must be equal to or exceed top allow
• •	OII. WELL. 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 Pred. During Test	Oil-Bbls.	Water - Bble.	Gas-MCF
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	8200	1 Hour Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.) Orifice Meter	6350 psig	0	25/′′
V1.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION AUG 3 1979	
	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.		OR, DISTRICT. II

Secretary/Agent

23 July 1979

TITLE .

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All acctions of this form must be filled out completely for allow able 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 multicompleted wells.