DISTRIBUTION SANTA FE / FILE / U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE Operator	REQUEST	ONSERVATION COME 'ON FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-10RECEIVED Supersedes Old C-10F and C-11 Effective 1-1-65 GAS MAR - 4 1982 O. C. D. ARTESIA, OFFICE
Jake L. Hamon Address 611 Petroleum Building, Midland, Texas 79701			
Reason(s) for filing (Check proper bo 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			
DESCRIPTION OF WELL AND LEASE Lease Name Weil No. Pool Name, Including Formation Kind of Lease Lease No. State V-249 1 Carlsbad Morrow, South State, Federal or Fee NM. V-249			
Location Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West			
Line of Section 36 Township 23S Range 26E , NMPM, Eddy County			
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS Address (Give address to which appro	oved copy of this form is to be sent)
Fina Supply, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas 🛃		P.O. Box 2159, Dallas, Texas 75221 Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Ga If well produces oll or liquide,	Unit Sec. Twp. Rge.	P.O. Box 1384, Ja1, Net Is gas actually connected?	
give location of tanks.	M 1 36 23S 26E Ith that from any other lease or pool,		App rex= 4/1/82 -
COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty,
Designate Type of Completi			
Date Spuddod 7-22-81	Date Compl. Ready to Pred. 1-11-82	Total Depth 12,020'	P.B.T.D. 11,646'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3245.3' Gr 3259' KB Perforations	Morrow	11,458 11546	11,493 Depth Casing Shoe
11546' to 54'; 11557' to 60'; 11596' to 11602' TUBING, CASING, AND CEMENTING RECORD			12019
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8"	453	550
12-1/4	9-5/8"	5479	3600
8-3/4	2-3/8"	10469	1250
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow			and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	able for this de Date of Test	pth or be for full 24 hours) Producing Mothod (Flow, pump, gas li	ift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oli-Bbis.	Water - Bbis.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1629	4 hrs.	Trace -	
Testing Method (pitor, back pr.) Back Pressure	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure 3610 CERTIFICATE OF COMPLIANCE 3610		Packer See Form C-122 OIL CONSERVATION COMMISSION IIIN 2 9 1982	
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.		APPROVED JUN 2 3 1982	
		BY_ W. C. Aressett	
		SUPERVISOR, DISTRICT, IL	
		TITLE	
(in 1) + Boulin		This form is to be filed in compliance with RULE 1104. If this is a request for showable for a newly drilled or deepened	
(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Production Engineer		All sections of this form must be filled out completely for sllow-	
(Yitle)		able on now and recompleted wells. Fill out only Sections) 11 III. and VI for changes of owner,	
March 2, 1982 (Dute)		well name or number, or transporter, or other such change of condition.	