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II. DESCRIPTION OF WELL AND LEASE Lease Name Kind of Lease Kind of Lease	en iolm
Lease Name Well No. Pool Name, Including Formation Kind of Lease	
Pecos Federal 2 Brushy Draw O glaware State, Federal or Fee Fed	leral NM58034
Location	
Unit Letter G : 1980 Feet From The North Line and 2030 Feet From The East	, •
Line of Section 27 Township 26S Range 29E , NMPM, Eddy	County
Line of Section L' Township LOG Range LOL , NMPM, LOG	county
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Cill or Condensate Address (Give address to which approved copy of the Saxony Corporation 5613 DTC Parkway Englewood, Col	•
Name of Authorized Transporter of Casinghead Gas 🔏 of Dry Gas 🗌 Address (Give address to which approved copy of the	is form is to be sent)
Conoco, Inc. P.O. Box 90 Maljamar, N.M. 88	1264 Post FD-2
If well produces oil or liquids, Unit Sec. Twp. Rgs. Is gas actually connected? When give location of tanks. P 27 265 29E No By 1-1	12-6-85
	1-86 COMPYBK
If this production is commingled with that from any other lease or pool, give commingling order number:	<u>`(X)</u>
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVIS	SION
I hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED NOV 26 1985	19
been complied with and that the information given is true and complete to the best of	, , ,
my knowledge and belief. By Original Signed F Mike Williams	
	
This form is to be filed in compliance w	ITH RULE 1104.
(Signature) If this is a request for allowable for a new solution is a request for allowable for allowable for allowable for a new solution is a request for allowable for a new solution is a request for allowable for allowab	wiy drilled or deepens pulation of the deviation
Production Clerk tests taken on the well in accordance with a	RULE 111.
(Title) All sections of this form must be filled o able on new and recompleted wells.	ut completely for allow
(Date) Fill out only Sections I, II, III, and VI (Date) well name or number, or transporter, or other su	for changes of owner uch change of condition
Separate Forms C-104 must be filed for	
completed wells.	

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IV. COMPLETION DATA

		Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Ditt. Rest
Designate Type of Completic	$n = (X)$ χ			1 1		1	t t	1
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
10-17-85	11-10-85		5509		5470			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation /		Top Oil/Gas Pay			Tubing Depth		
2877 GR	Williamson Sand Junuary 4901			41264				
Perforations		, -				Depth Casis	ng Shoe	
4901, 10, 12, 38,	43-53, 59-79, 87	7-90 (4	0 holes)			5509		
	TUBING, CA	SING, AND	CEMENTI	NG RECORI)			
HOLE SIZE	CASING & TUBING	SIZE		DEPTH SE	т	SACKS CEMENT		T
171/2	13 3/8			366		Circulate to surface		r fac'e
11	8 5/8		2860			Circulate		
7 7/8	4 1/2		5509			3500 TS		
7 7/8	2 3/8		4864					

V. 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-OIL WELL able for this depth or be for full 26 hows)

Date First New Oil Hun To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)		
11-12-85	11-13-85	Flowing			
Length of Test	Tubing Pressure	Casing Presewe	Choke Size		
24 hours	106	106	24/64	1	
Actual Prod. During Test	Oil-Bbis.	Water - Bbla.	Gas + MCF		
	203	263	154		

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sbut-12)	Choke Size