

| | |
|------------------|-----|
| DISTRIBUTION | |
| ANTAFE | |
| ILE | |
| .S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

AUTHORIZATION FOR PRODUCTION OF NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. OPERATOR

Operator: American Quasar Petroleum Co. of New Mexico

Address: 606 Vaughn Building, Midland, Texas 79701

Reason(s) for filing (Check proper box):
 New Well Change in Transporter
 Recompletion Oil
 Change in Ownership Casinghead Gas

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|------------------------------------|------------------------|---------------------|
| Lease Name Ojo Chiso Unit | Well No. 1 | Field Name Ojo Chiso Morrow Gas | Kind of Lease State | Lease No. L-1589 |
| Location Unit Letter <u>E</u> , <u>1980</u> Feet From The <u>North</u> , <u>660</u> Feet From The <u>West</u> Line of Section <u>23</u> Township <u>22S</u> Range <u>34E</u> County <u>Lea</u> | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corp. | Address Box 3119, Midland, Texas 79701 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Natural Gas <input checked="" type="checkbox"/> Southern Union Gas Co. | Address Box 1419, Carlsbad, New Mexico 88220 |
| If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>23</u> Twp. <u>22S</u> Range <u>34E</u> | When 9-24-75 |

If this production is commingled with that from any other lease, give name and number: _____

IV. COMPLETION DATA

| | | | | |
|--|---------------------------------------|---|---------------------------------------|---------------------|
| Designate Type of Completion - (X) Oil Well <input checked="" type="checkbox"/> Deepened <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rest'v. <input type="checkbox"/> Diff. Rest'v. <input type="checkbox"/> | Date Spudded 6-30-73 | Date Compl. Ready to Produce 2-20-74 | Production 14,739' | P.B.T.D. 13,230' |
| Elevations (DF, RKB, RT, GR, etc.) 3500' DF | Name of Producing Formation Morrow | Tubing Depth 13,156' | Perforations 13,188-98' | |
| TUBING, CASING, AND SACKS CEMENT | | | | |
| HOLE SIZE | CASING & TUBING SIZE | SACKS CEMENT | | |
| 26" | 20" 94# | 356.43' | 450 sx Lite + 200 sx | |
| 17 1/2" | 13 3/8" 54.5#, 61#, 68# | 4551' | 3100 sx Lite + 500 " | |
| 12 1/4" | 9 5/8" 40#, 43.5#, 47# | 11323' | 1875 sx Lite + 500H&C | |
| 8 1/2" | 7 5/8" 33#, 39# | 13360' | 500 sx Class H | |
| 6 1/2" | 2 7/8" 6.5#, 7.9# | 13037' | (production tubing) exceed top allow- | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

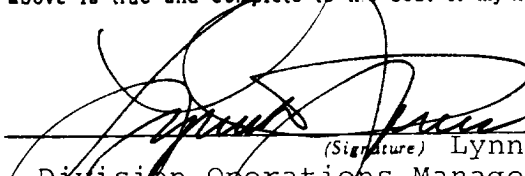
| | | | |
|---------------------------------|-----------------|-----------------------|--|
| Date First New Oil Run To Tanks | Date of Test | (oil, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Choke Size | |
| Actual Prod. During Test | Oil-Bbls. | Gas-MCF | |

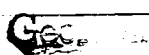
GAS WELL

| | | |
|---|--|-------------------------------|
| Actual Prod. Test-MCF/D 14,744 | Length of Test 4 hours | Gravity of Condensate none |
| Testing Method (pitot, back pr.) back pressure | Tubing Pressure (shut-in) 6055 psig | Choke Size 24/64" |

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 above is true and complete to the best of my knowledge and belief.


 (Signature) Lynn D. Jones
 Division Operations Manager
 (Title)
 October 9, 1975
 (Date)

OIL CONSERVATION COMMISSION
 OCT 13 1975, 19____
 Orig. Signed by

 John Runyan
 Geologist

This form must be filed in compliance with RULE 1104.
 A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation of the well in accordance with RULE 111.
 This form must be filled out completely for allowable for completed wells.
 Sections I, II, III, and VI for changes of owner, operator, transporter, or other such change of condition.
 Form C-104 must be filed for each well to estimate