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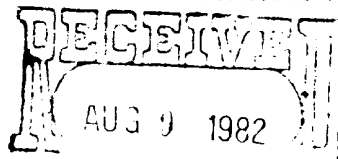
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

1. OPERATOR MESA PETROLEUM CO. ✓	
Address 1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	O. C. D.
Recompletion <input type="checkbox"/>	ARTESIA, OFFICE
Change in Ownership <input type="checkbox"/>	
Change in Transporter of Oil <input type="checkbox"/>	
Change in Transporter of Gas <input type="checkbox"/>	
Change in Transporter of Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name BADGER COM	Well No. 3	Pool Name, including Formation UNDES PECOS SLOPE ABO	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>SOUTH</u> Line and <u>830</u> Feet From The <u>EAST</u> Line of Section <u>4</u> Township <u>5S</u> Range <u>25E</u> , NMPM, <u>CHAVES</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
KOCH OIL COMPANY	P.O. BOX 1558, BRECKENRIDGE, TX 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
TRANSWESTERN PIPELINE CO (ATTN: AIKLEN)	P.O. BOX 2521, HOUSTON, TX 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>P</u> Sec. <u>4</u> Twp. <u>5S</u> Rge. <u>25E</u>	NO -

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
		X	X					
Date Spudded 4-2-82	Date Compl. Ready to Prod. 8-4-82	Total Depth 4250'	P.B.T.D. 3870'	4182' 3980'				
Elevations (DF, RKB, RT, GR, etc.) 3786' GR, 3798' RKB	Name of Producing Formation ABO	Top Oil/Gas Pay 3733'	Tubing Depth 3648'	Depth Casing Shoe 4238'				
Perforations 3733' --- 3807'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14 3/4"	10 3/4"	923'	700/200					
9 7/8"	8 5/8"	1798'	700/300					
7 7/8"	4 1/2"	4238'	800					
	2 3/8"	3648'						

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 all-able for this depth or be for full 24 hours)

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 Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D CAOF=240	Length of Test 1	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (prior, back pr.) BACK PRESSURE	Tubing Pressure (shot-in) 980	Casing Pressure (shot-in) 975	Choke Size -

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
XC: NMOC (6), TLS, CEN RCDS, ACCTG, ROSWELL, MEC, LAND, D&M, LMC, CTY, EEB, REM, K, TW, FILE, MTS (3), (PARTNERS)

R. E. [Signature]
(Signature)

REGULATORY COORDINATOR

(Title)

8-6-82

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

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

All sections of this form must be filled out completely for allowable on new and recompleted wells.

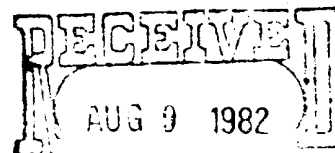
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multi-

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, N.M.

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REGISTRATION OFFICE	
OTHER	

MESA PETROLEUM CO. ✓

1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493

AUG 10 1982

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Completion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

O. C. D.
ARTESIA, OFFICEChange of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
BADGER COM	3	UNDES PECOS SLOPE ABO	State, Federal or <u>Fee</u>	

Unit Letter P : 660 Feet From The SOUTH Line and 830 Feet From The EASTLine of Section 4 Township 5S Range 25E , NMPM, CHAVES County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
KOCH OIL COMPANY	P.O. BOX 1558, BRECKENRIDGE, TX 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
TRANSWESTERN PIPELINE CO (ATTN: AIKLEN)	P.O. BOX 2521, HOUSTON, TX 77001
Well produces oil or liquids, or location of tanks.	Is gas actually connected? When
<u>Unit</u> <u>P</u> <u>Sec.</u> <u>4</u> <u>Twp.</u> <u>5S</u> <u>Rge.</u> <u>25E</u>	<u>NO</u>

This production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
		<u>X</u>	<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-2-82	8-4-82	4250'	4182'					
Productions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
376' GR, 3798' RKB	ABO	3733'	3648'					
Productions		Depth Casing Shoe						
3733' --- 3807'		4238'						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4"	10 3/4"	923'	700/200
9 7/8"	8 5/8"	1798'	700/300
7 7/8"	4 1/2"	4238'	800
	2 3/8"	3648'	

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 allowable for this depth or be for full 24 hours)

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 Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

S WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CAOF=240	1	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
BACK PRESSURE	980	975	-

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

REG. NO. (6), T.L.S., CEN RCDS, ACCTG, ROSWELL, N.M., LAND, D&M, LMC, CTY, EEB, REM, K, TW, FILE, S (3), (PARTNERS)

REGULATORY COORDINATOR

(Title)

8-6-82

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multi-

AUG 10 1982

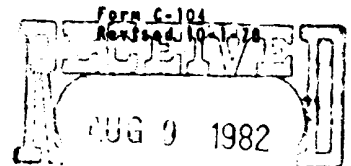
 O C D

ARTESIA, OFFICE

Dry Gas	
Condensate	

Separate Form C-104 must be filled for each post in multi-land wells.

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSSELL, NEW MEXICO

RECEIVED

MESA PETROLEUM CO.

AUG 10 1982

1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493

Person(s) for filing (Check proper box)

Well ☒
Completion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain) O.C.D.
ARTESIA, OFFICE

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name <u>BADGER COM</u>	Well No. <u>3</u>	Pool Name, including Formation <u>UNDES PECOS SLOPE ABO</u>	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
--------------------------------	----------------------	--	---	-----------

Unit Letter P : 660 Feet From The SOUTH Line and 830 Feet From The EAST

Line of Section 4 Township 5S Range 25E , NMPM, CHAVES County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>KOCH OIL COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 1558, BRECKENRIDGE, TX 76024</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>TRANSWESTERN PIPELINE CO (ATTN: AIKLEN)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 2521, HOUSTON, TX 77001</u>
Well produces oil or liquids, or location of tanks. Unit: <u>P</u> Sec: <u>4</u> Twp: <u>5S</u> Rge: <u>25E</u>	Is gas actually connected? <u>NO</u> When <u>-</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
		<u>X</u>	<u>X</u>					
Date Spudded <u>4-2-82</u>	Date Compl. Ready to Prod. <u>8-4-82</u>	Total Depth <u>4250'</u>	P.B.T.D. <u>4182'</u>					
Productions (DF, RKB, RT, GR, etc.) <u>'86' GR, 3798' RKB</u>	Name of Producing Formation <u>ABO</u>	Top Oil/Gas Pay <u>3733'</u>	Tubing Depth <u>3648'</u>					
Productions <u>3733' --- 3807'</u>			Depth Casing Shoe <u>4238'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>14 3/4"</u>	<u>10 3/4"</u>	<u>923'</u>	<u>700/200</u>
<u>9 7/8"</u>	<u>8 5/8"</u>	<u>1798'</u>	<u>700/300</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>4238'</u>	<u>800</u>
	<u>2 3/8"</u>	<u>3648'</u>	

TEST DATA AND REQUEST FOR ALLOWABLE
ON WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top all.
able for this depth or be for full 24 hours)

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 Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

5 WELL

Actual Prod. Test-MCF/D <u>CAOF=240</u>	Length of Test <u>1</u>	Bbls. Condensate/MMCF <u>-</u>	Gravity of Condensate <u>-</u>
Testing Method (prior, back pr.) <u>BACK PRESSURE</u>	Tubing Pressure (Shot-in) <u>980</u>	Casing Pressure (Shot-in) <u>975</u>	Choke Size <u>-</u>

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
is true and complete to the best of my knowledge and belief.
M.M.O.C.D. (6), T.L.S., CEN RCDS, ACCTG, ROSWELL,
C, LAND, D&M, LMC, CTY, EEB, REM, K, TW, FILE,
S (3), (PARTNERS

R.F. [Signature]
(Signature)

REGULATORY COORDINATOR

(Title)

8-6-82

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviated
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
able on new and recompleted wells.

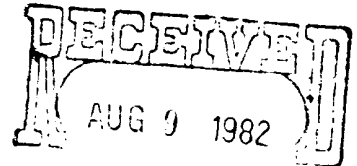
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well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multi-

OIL CONSERVATION DIVISION

P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL & GAS
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MESA PETROLEUM CO.

1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493

AUG 10 1982

Reason(s) for filing (Check proper box)

Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Completion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

O. C. D.
ARTESIA, OFFICE

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
BADGER COM	3	UNDES PECOS SLOPE ABO	State, Federal or <u>Fee</u>	

Unit Letter P ; 660 Feet From The SOUTH Line and 830 Feet From The EAST

Line of Section 4 Township 5S Range 25E , NMPM, CHAVES County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
KOCH OIL COMPANY	P.O. BOX 1558, BRECKENRIDGE, TX 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
TRANSWESTERN PIPELINE CO (ATTN: AIKLEN)	P.O. BOX 2521, HOUSTON, TX 77001
Well produces oil or liquids, <input type="checkbox"/> or gas <input checked="" type="checkbox"/>	Is gas actually connected? <input type="checkbox"/> When
Location of tanks, <u>P</u> <u>4</u> <u>5S</u> <u>25E</u>	<u>NO</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-2-82	8-4-82	4250'	3870					
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
86' GR, 3798' RKB	ABO	3733'	3648'					
Locations		Depth Casing Shoe						
3733' --- 3807'		4238'						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4"	10 3/4"	923'	700/200
9 7/8"	8 5/8"	1798'	700/300
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	2 3/8"	3648'	

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 all.
able for this depth or be for full 24 hours)

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 Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

5 WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CAOF=240	1	-	-
Testing Method (prior, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
BACK PRESSURE	980	975	-

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

REGULATORY COORDINATOR

REGULATORY COORDINATOR

(Title)

8-6-82

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

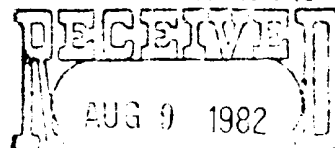
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL & GAS
U.S. GEOLOGICAL SURVEY
RECEIVED NEW MEXICO

MESA PETROLEUM CO.

AUG 10 1982

Address
1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493

Person(s) for filing (Check proper box)

Well ☒
Completion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

O. C. D.
ARTESIA, OFFICE

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name BADGER COM	Well No. 3	Pool Name, Including Formation UNDES PECOS SLOPE ABO	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
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Unit Letter P : 660 Feet From The SOUTH Line and 830 Feet From The EAST

Line of Section 4 Township 5S Range 25E, NMPM, CHAVES County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> KOCH OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1558, BRECKENRIDGE, TX 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> TRANSWESTERN PIPELINE CO (ATTN: AIKLEN)	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2521, HOUSTON, TX 77001
Well produces oil or liquids, or location of tanks. Unit. Sec. Twp. Rge. <u>P</u> <u>4</u> <u>5S</u> <u>25E</u>	Is gas actually connected? When <u>NO</u> <u>-</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
		X	X					
Date Spudded 4-2-82	Date Compl. Ready to Prod. 8-4-82	Total Depth 4250'	P.B.T.D. 3870'					
Stratigraphic (DF, RKB, RT, GR, etc.) 786' GR, 3798' RKB	Name of Producing Formation ABO	Top Oil/Gas Pay 3733'	Tubing Depth 3648'					
Stratigraphic 3733' --- 3807'			Depth Casing Shoe 4238'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4"	10 3/4"	923'	700/200
9 7/8"	8 5/8"	1798'	700/300
7 7/8"	4 1/2"	4238'	800
	2 3/8"	3648'	

TEST DATA AND REQUEST FOR ALLOWABLE
ON WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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 Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

ON WELL

Actual Prod. Test-MCF/D CAOF=240	Length of Test 1	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (shot-in) 980	Casing Pressure (shot-in) 975	Choke Size -

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.
NMOC (6), TLS, CEN RCDS, ACCTG, ROSWELL, D&M, LAND, D&M, LMC, CTY, EEB, REM, K, TW, FILE, S (3), (PARTNERS)

R. E. [Signature]
(Signature)

REGULATORY COORDINATOR
(Title)

8-6-82
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
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 own well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-