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ropriate District Office TRICT I	Energy,]	Minerals and Na	tural Resources Department		Revised 1-1-89 See Instructions
Box 1980, Hobbs, NM 88240	OIL C	ONSERVA	ATION DIVISION		at Bottom of Page
TRICT II Drawer DD, Artesia, NM 88210			lox 2088	JAN 25 "	90.
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Rio Brazos Rd., Aztec, NM 87410			BLE AND AUTHORIZAT		
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alor		1		Well API No.	· · · · · · · · · · · · · · · · · · ·
Great Western D	Drilling Compa	nw/		30-005	-62712
P.O. Box 1659,	Midland. Texa	s 79702			
on(s) for Filing (Check proper box))		Cither (Please explain)		
Well 🔀		Transporter of: Dry Ges			
ge in Operator	Casinghead Gas				
nge of operator give name forms of previous operator					·····
DESCRIPTION OF WELL	ANDIFASE				
Name	Well No.	Pool Name, Includ	ing Formation	Kind of Lease	Lease No.
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Section 15 Townst	hip 6-S	Range 25-E	NMPM.	Chaves	County
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s of Authorized Transporter of Casi	inghead Gas	or Dry Gas 👗	Address (Give address to which a	pproved copy of this form	is to be sent)
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production is commingled with the	t from any other lease or	pool, give comming			<u> </u>
COMPLETION DATA					
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Spuddod 8-13-89 ions (DF, RKB, RT, GR, etc.)	Date Compl. Ready to 1- Name of Producing Fe	o Prod. 6-90 cornetice	Total Depth 4,050' Top Oil/Ges Pay		i
Spudded 8-13-89 tions (DF, RKB, RT, GR, etc.)	Date Compl. Ready to 1-	o Prod. 6-90 cornetice	Total Depth 4,050'	P.B.T.D. Tubing Depth	4,047'
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Spudded 8-13-89 stions (DF. RKB. RT. GR. etc.) 901'GR (3.911'KB) rations fs: 3,714'-4,001', HOLE SIZE 3/4" /8" /2" TEST DATA AND REQUE WELL (Test must be after First New Oil Run To Tank th of Test	Dele Compl. Reedy is 1- Name of Producing Fr Ab total 74', 74 TUBING, CASING & TI 10-3/4", 40. 7-5/8", 26.4 4-1/2", 10.5 2-3/8" Tbg. ST FOR ALLOW recovery of total volume Date of Test Tubing Pressure	holes CASING AND JBING SIZE 5# # -11.6#	Total Depth 4,050' Top Oil/Ges Pay 3,714' CEMENTING RECORD DEPTH SET 920' KBM 1.823' KBM 4,050' KBM 3,999' KBM be equal to or exceed top allowable Producing Method (Flow, pump, generation)	P.B.T.D. P.B.T.D. Tubing Depth Depth Casing Si SAC 575. SXS. 275. SXS. 200. SXS. 200. SXS. 200. SXS. 200. SXS. 200. SXS.	4,047' 3,999' 4,050' KS CEMENT -Ont. Circ. ,T-Ont., 1,000' T-Ont., 3,110' wull 24 hours.)
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Spudded 8-13-89 utions (DF, RKB, RT, GR, etc.) 901'GR (3,911'KB) rations fs: 3,714'-4,001', HOLE SIZE 3/4" /2" TEST DATA AND REQUE WELL (Test must be after First New Oil Run To Tank th of Test 4 Prod. During Test S WELL	Dele Compl. Reedy is 1- Name of Producing Fr Ab total 74', 74 TUBING, CASING & TU 10-3/4", 40. 7-5/8", 26.4 4-1/2", 10.5 2-3/8" Tbg. ST FOR ALLOW recovery of total volume Date of Test Tubing Pressure Oil - Bbls. Longth of Test 4 Tubing Pressure (Sbus 930 : CATE OF COMP dations of the Oil Conserving Intel the information give	hrs. bright for the second state of load oil and must holes casing and must his. hrs. bright for the second state of load oil and must hrs. bright for the second state of load oil and must his. bright for the second state of load oil and must his. bright for the second state of load oil and must his. bright for the second state of load oil and must bright for the second state of	Total Depth 4,050' Top Oil/Ges Pay 3,714' CEMENTING RECORD DEPTH SET 920' KBM 1.823' KBM 4.050' KBM 3,999' KBM be equal to or exceed top allowable Producing Method (Flow, pump, get Casing Pressure Water - Bbls. Bbls. Condensets/MMCF 0 Casing Pressure (Shut-in) 930 psig OIL CONSE	P.B.T.D. P.B.T.D. Tubing Depth Depth Casing SI SAC 575 SXS. 275 SXS. 275 SXS. 200 SXS. 200 SXS. for this depth or be for f as lift, etc.) Choke Size Gas- MCF Gravity of Coad Choke Size 1/8"-3/16	4,047' 3,999' 4,050' KS CEMENT -Cnt. Circ. ,T-Cnt. 1,000' -T-Cnt. 3,110' will 24 hours.)
Spudded 8-13-89 tions (DF, RKB, RT, GR, etc.) 901'GR (3,911'KB) relicons fs: 3,714'-4,001', HOLE SIZE 3/4" /8" /2" EST DATA AND REQUE WELL (Test must be after First New Oil Run To Tank h of Test 4 Prod. During Test S WELL 4 Prod. Test - MCF/D D. F. 3,617 MCF/day 5 Method (picot, back pr.) Ck Pressure OPERATOR CERTIFIC ereby certify that the rules and regu vision have been complied with and rue and complete to the best of my	Dele Compl. Reedy is 1- Name of Producing Fr Ab total 74', 74 TUBING, CASING & TU 10-3/4", 40. 7-5/8", 26.4 4-1/2", 10.5 2-3/8" Tbg. ST FOR ALLOW recovery of total volume Date of Test Tubing Pressure Oil - Bbls. Longth of Test 930 CATE OF COMP lations of the Oil Conserving that the information give knowledge and belief.	hrs. bright for the second state of load oil and must holes casing and must his. hrs. bright for the second state of load oil and must hrs. bright for the second state of load oil and must his. bright for the second state of load oil and must his. bright for the second state of load oil and must his. bright for the second state of load oil and must bright for the second state of	X Total Depth 4,050' Top Oil/Ges Pay 3,714' CEMENTING RECORD DEPTH SET 920' KBM 1.823' KBM 4.050' KBM 3,999' KBM be equal to or exceed top allowable Producing Method (Flow, pump, git Casing Pressure Water - Bbis. Bbis. Condensate/Mb4CF 0 Casing Pressure (Shut-in) 930 psig	P.B.T.D. P.B.T.D. Tubing Depth Depth Casing SI SAC 575 SXS. 275 SXS. 275 SXS. 200 SXS. 200 SXS. for this depth or be for f as lift, etc.) Choke Size Gas- MCF Gravity of Coad Choke Size 1/8"-3/16	4,047' 3,999' 4,050' KS CEMENT -Cnt. Circ. ,T-Cnt. 1,000' -T-Cnt. 3,110' will 24 hours.)
Spudded 8-13-89 trions (DF, RKB, RT, GR, etc.) 901'GR (3,911'KB) relicons fs: 3,714'-4,001', HOLE SIZE 3/4" /8" /2" TEST DATA AND REQUE WELL (Test must be after First New Oil Run To Tank th of Test 4 Prod. During Test 5 WELL 4 Prod. Test - MCF/D D.F. 3,617 MCF/day 5 WELL 5 WELL 5 WELL 6 WELL 6 Pressure OPERATOR CERTIFIC ereby certify that the rules and regul vision have been complied with and inte and complete to the best of my M.B. May	Dele Compl. Reedy is 1- Name of Producing Fr Ab total 74', 74 TUBING, CASING & TU 10-3/4", 40. 7-5/8", 26.4 4-1/2", 10.5 2-3/8" Tbg. ST FOR ALLOW recovery of total volume Date of Test Tubing Pressure Oil - Bbls. Longth of Test 930 CATE OF COMP lations of the Oil Conserving that the information give knowledge and belief.	hrs. bright for the second state of load oil and must holes casing and must his. hrs. bright for the second state of load oil and must hrs. bright for the second state of load oil and must his. bright for the second state of load oil and must his. bright for the second state of load oil and must his. bright for the second state of load oil and must bright for the second state of	Total Depth 4,050' Top Oil/Ges Pay 3,714' CEMENTING RECORD DEPTH SET 920' KBM 1.823' KBM 4.050' KBM 3.999' KBM be equal to or exceed top allowable Producing Method (Flow, pump, gent) Casing Pressure Water - Bbls. Bbls. Condensate/MMCF 0 Casing Pressure (Shut-in) 930 ps ig OIL CONSE Date Approved	P.B.T.D. P.B.T.D. Tubing Depth Depth Casing SI SAC 575 SXS. 275 SXS. 275 SXS. 200 SXS. 200 SXS. for this depth or be for f as lift, etc.) Choke Size Gas- MCF Gravity of Coad Choke Size 1/8"-3/16	4,047' 3,999' 4,050' KS CEMENT -Cnt. Circ. ,T-Cnt. 1,000' -T-Cnt. 3,110' will 24 hours.)
Spudded 8-13-89 utions (DF, RKB, RT, GR, etc.) 901'GR (3,911'KB) relicons fs: 3,714'-4,001', HOLE SIZE 3/4" /2" TEST DATA AND REQUE WELL (Test must be after First New Oil Run To Tank th of Test H Prod. During Test S WELL H Prod. Test - MCF/D O.F. 3,617 MCF/day g Method (pitot, back pr.) ck Pressure OPERATOR CERTIFIC ereby certify that the rules and regue vision have been complied with and true and complete to the best of my M.B. Might ganture	Dele Compl. Reedy is 1- Name of Producing Fi Ab total 74', 74 TUBING, CASING & TI 10-3/4", 40. 7-5/8", 26.4 4-1/2", 10.5 2-3/8" Tbg. ST FOR ALLOW recovery of total volume Date of Test Tubing Pressure Oil - Bbls. Longth of Test 4 Tubing Pressure Oil - Bbls. CATE OF COMP that the information give knowledge and belief.	hrs. bright for the second se	Total Depth 4,050' Top Oil/Ges Pay 3,714' CEMENTING RECORD DEPTH SET 920' KBM 1.823' KBM 4.050' KBM 3,999' KBM be equal to or exceed top allowable Producing Method (Flow, pump, get Casing Pressure Water - Bbls. Bbls. Condensets/MMCF 0 Casing Pressure (Shut-in) 930 psig OIL CONSE	P.B.T.D. P.B.T.D. Tubing Depth Depth Casing SI SAC 575 SXS. 275 SXS. 275 SXS. 200 SXS. 200 SXS. for this depth or be for f as lift, etc.) Choke Size Gas- MCF Gravity of Coad Choke Size 1/8"-3/16	4,047' 3,999' 4,050' KS CEMENT -Cnt. Circ. ,T-Cnt. 1,000' -T-Cnt. 3,110' will 24 hours.)
Spudded 8-13-89 tions (DF, RKB, RT, GR, etc.) 901'GR (3,911'KB) mixons Es: 3,714'-4,001', HOLE SIZE 3/4" /8" /2" EST DATA AND REQUE WELL (Test must be after First New Oil Run To Tank h of Test I Prod. During Test S WELL I Prod. Test - MCF/D D. F. 3,617 MCF/day 5 WELL I Prod. Test - MCF/D D. F. 3,617 MCF/day 5 Method (pitot, back pr.) ck Pressure DPERATOR CERTIFIC ereby certify that the rules and regu vision have been complied with and rule and complete to the best of my mature B. Myers	Dele Compl. Reedy is 1- Name of Producing Fe Ab: total 74', 74 TUBING, CASING & TU 10-3/4", 40. 7-5/8", 26.4 4-1/2", 10.5 2-3/8" Tbg. ST FOR ALLOW recovery of total volume Date of Test Tubing Pressure Oil - Bbls. Length of Test 930 : CATE OF COMP lations of the Oil Conservent I that the information give knowledge and belief. Ass't. to J	hrs. hrs.	Total Depth 4,050' Top Oil/Ges Pay 3,714' CEMENTING RECORD DEPTH SET 920' KBM 1.823' KBM 4.050' KBM 3,999' KBM be equal to or exceed top allowable Producing Method (Flow, pump, get Casing Pressure Water - Bbls. Bbls. Condensets/MMCF 0 Casing Pressure (Shut-in) 930 psig OIL CONSE Date Approved By	P.B.T.D. P.B.T.D. Tubing Depth Depth Casing SI SAC 575 SXS. 275 SXS. 275 SXS. 200 SXS. 200 SXS. for this depth or be for f as lift, etc.) Choke Size Gas- MCF Gravity of Coad Choke Size 1/8"-3/16	4,047' 3,999' 4,050' KS CEMENT -Cnt. Circ. ,T-Cnt. 1,000' -T-Cnt. 3,110' will 24 hours.)
Spudded 8-13-89 trions (DF, RKB, RT, GR, etc.) 901'GR (3,911'KB) relicons fs: 3,714'-4,001', HOLE SIZE 3/4" /8" /2" TEST DATA AND REQUE WELL (Test must be after First New Oil Run To Tank th of Test 4 Prod. During Test 5 WELL 4 Prod. Test - MCF/D D.F. 3,617 MCF/day 5 WELL 5 WELL 5 WELL 6 WELL 6 Pressure OPERATOR CERTIFIC ereby certify that the rules and regul vision have been complied with and inte and complete to the best of my M.B. May	Dete Compl. Reedy to 1- Name of Producing Fe Ab: total 74', 74 TUBING, CASING & TU 10-3/4", 40. 7-5/8", 26.4 4-1/2", 10.5 2-3/8" Tbg. ST FOR ALLOW recovery of total volume Date of Test Tubing Pressure Oil - Bbis. Length of Test 930 : CATE OF COMP lations of the Oil Conservent i that the information give knowledge and belief. Ass't. to (915) 682-5	hrs. hrs.	Total Depth 4,050' Top Oil/Ges Pay 3,714' CEMENTING RECORD DEPTH SET 920' KBM 1.823' KBM 4.050' KBM 3.999' KBM be equal to or exceed top allowable Producing Method (Flow, pump, gent) Casing Pressure Water - Bbls. Bbls. Condensate/MMCF 0 Casing Pressure (Shut-in) 930 ps ig OIL CONSE Date Approved	P.B.T.D. P.B.T.D. Tubing Depth Depth Casing SI SAC 575 SXS. 275 SXS. 275 SXS. 200 SXS. 200 SXS. for this depth or be for f as lift, etc.) Choke Size Gas- MCF Gravity of Coad Choke Size 1/8"-3/16	4,047' 3,999' 4,050' KS CEMENT -Cnt. Circ. ,T-Cnt. 1,000' -T-Cnt. 3,110' will 24 hours.)

INSTRUCTIONS: This form is to be filed in compliance with Ru 1104 عا

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

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				5	State of N	ew Mexico				Form C-	-+
Submit 5 Copies Appropriate District Office		1	Energy, 1	Mineral	s and Nat	ural Resourc	es Departm	ent		Revised 1 See Instr	L-1-89
DISTRICT I P.O. Box 1980, Hobbs, NN	4 88240		о л с				MAGIA	N T		at Botton	
DISTRICT II		,	OILC	UNS		ATION I ox 2088	111210	17		ECEIVED	
P.O. Drawer DD, Artesia, I	NM 88210		Sa	inta Fe		exico 8750	4-2088		R	ECEIVED	
DISTRICT III 1000 Rio Brazos Rd., Azie	c, NM 87410							747104	1		-
I.				• • • • •		AND NA			•	JAN 29 "	30
Operator				~				We	I API No.		
Great We	estern Dr.	illing	Compa	ny´					30-005	-62792	FICE
	к 1659, М	idland,	Texas	s 79	702						
Reason(s) for Filing (Chec	k proper box)		Change is	Teres	at an afr	Oth	n (Piease expia	uin)			
New Well L		Oil		Dry Ge							
Change in Operator]	Casinghea	d Gas 🗌	Conde							
If change of operator give 1 and address of previous ope	name entor										
II. DESCRIPTION	OF WELL A	AND LE	ASE								
Lease Name	_		Well No.		-	eg Formation			d of Lease & Federal & Fee		use No.
Quail Federa	al COM.		6	Pec	os Slo	pe Abo				NM-15	862
Unit Letter	J	: 1,98	30	. Feet Pr	om The S	outh Lin	and <u>1,8</u>	80	Feet From The	East	Line
	15	6.0									Constru
Section	<u>15 Township</u>	6-5	<u></u>	Range	25-Е	, NR	APM,	Cr	aves	<u></u>	County
III. DESIGNATION		SPORTE			D NATU		address to sub	ist same	ed copy of this for		
Name of Authorized Trans	sponer or Us		or Condes					еся аррточ	ea copy of this join	n 13 10 06 36n	4
Name of Authorized Trans	sporter of Casing	head Gas		or Dry	Ges 🛣	Address (Give	address to wh	ich approv	ed copy of this for	n is to be sen	1)
If well produces oil or liquidive location of tanks.	uds,	Unit J	Sec. 15	Тмр. 6-S	25-E	is gas actually	NO	Wh 	Est. 3	8-1-90	
If this production is commi-		rom any oth	er lease or	pool, giv	e commingi	ing order much	HEF:				
IV. COMPLETION	DATA	· -·, ·	Oil Well		les Well	New Well	Workover	Deepen	Piug Back S	ame Res'v	Diff Res'v
Designate Type of	Completion -		<u>i</u>		X	Total Depth					1
Date Spudded	3-89	Date Com	-	690		TOTH Dept	4,050'		P.B.T.D .	4,04	.7'
Elevations (DF, RKB, RT,	GR, etc.)	Name of P		<u> </u>		Top Oil/Ges I	h y		Tubing Depth		
3,901 GR (3,9) Perforations	11'КВ)		Ab	0		<u> </u>	3,714		Depth Casing	<u>3,99</u> Shoe	19 1
Perfs: 3,714'-4		otal 74	4', 7 <u>4</u>	hole	s					4,05	50'
		1	UBING,	CASI	NG AND	CEMENTIN		D			
HOLE SIZE 14-3/4"		CA 10-3/4	SING & TL " 40		SIZE	÷	O'KBM		575 Sxs.		
9-7/8"		7-5/8"				1	3'KBM				_1,000'T-Sur
6-1/2"		4-1/2"		-11.6	;#		<u>0 ' KBM</u>		200 Sxs.	T-Cmt	<u>3,110'</u> T-Sur
V. TEST DATA AN	D REQUES	<u>2–3/8"</u> T For A	Tbg.	ABLE		3,99	9'KBM				J
OIL WELL (Test	must be after re	covery of 10	tal volume	of load o	il and must	be equal 10 or	exceed top allo	wable for 1	his depth or be for	full 24 hours	·.)
Date First New Oil Run To	o Tank	Date of Te	al 🛛	1	LAND	MAAL MA	thad (Flow, pu	mp, gas lifi	, « IC.)		
Length of Test		Tubing Pre	SAUTE	<u>_0</u>	PESOI	Traducing Ma MAN Contra Month	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Choke Size		
						Water - Main	4		Gae- MCF		
Actual Prod. During Test		Oil - Bbls.				0 200 1000	=				
GAS WELL		<u> </u>				, 1890	1				
Actual Prod. Test - MCF/L		Leagth of	lest			Bols. Conden			Gravity of Con	densate	
A.O.F. 3,617 1 Testing Method (pitot, back		Tubing Pre	4 soure (Sbut	<u>hrs.</u>		Casing Press	ne (Shut-in)		Choke Size		
Back Pressure	* *			N #3	COL DE	Sea and	930 r	sig	1/8"-3/1	L6"-7/32	2"-1/4"
VL OPERATOR (COMP	PLIAN	-			SER	ATION D	IVISIO	N
I hereby certify that the Division have been com	rules and regulat	tions of the	Oil Conser	valice en above							
is true and complete to a	the best of my k	lowledge as	d belief.			Date	Approve	d b			
MAR 12	21	\mathcal{Z}					1.6.2.2		_		
Signature	Maper					By_					
M.B. Myers		Ass'	<u>t. to</u>	Gen. Title	Supt.						
Printed Name 1-23-90		(915)	682-5	241		Title.					
Date			Tele	phone N	0.			أسند والنوال			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

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– ubrrit 5 Copies ppropriate District Office	Energy, Mi	State of Ne nerals and Natu	ew Mexico Iral Resources Department	nt	Form C-104 Revised 1-1-89 See Instructions
D <u>STRICT I</u> .O. Box 1980, Hobbs, NM 88240	OIL CO		TION DIVISION	N	RECEIVED
DISTRICT II O. Drawer DD, Artesia, NM 88210	San	P.O. Bo Fe New Me	ox 2088 exico 87504-2088		
DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410		•			JAN 29 '90
			LE AND AUTHORIZ		~ ^ ^
Operator		/		Wall A DI Ma	5-62712
Great Western Dri	illing Company	, /			62712
P.O. Box 1659, M	idland, Texas	79702			
Reason(s) for Filing (Check proper box) New Well	Change in T	nansporter of:	Other (Please explai	л)	•
Recompletion		Dry Gas			
Change in Operator					
ad address of previous operator	ANDIEASE			m <u>er, yr , , 181 i Hile</u> ,1899 een	· · · · · · · · · · · · · · · · · · ·
Lease Name	Well No. 1	ool Name, Include	ng Formation	Kind of Lesse Side: Federal or Fee	Lease No.
Quail Federal COM.	6	Pecos Slop	pe Abo		NM-15862
Unit LetterJ	1,980	Foot From The Sc	outh Line and 1,88	BO Feet From The	East Line
			, NMPM,	Chaves	County
Section 15 Township				<u> </u>	county
II. DESIGNATION OF TRANS Name of Authonized Transporter of Oil	SPORTER OF OIL		RAL GAS Address (Give address to whi	ick approved copy of this for	m is to be sent)
Name of Authorized Transporter of Casing	phead Gas 🛄 🤅	r Dry Gas 🛣	Address (Give address to whi	ich approved copy of this for	m is to be sent)
if well produces oil or liquids,		Twp. Rgs.	Is gas actually connected?	When?	- 1 - 0.0
ive location of tanks. I this production is commingled with that f		6-S 25-E	ing order autober:	Est	3-1-90
V. COMPLETION DATA					
Designate Type of Completion -	Oil Well - (X)	Gas Well X	New Well Workover	Deepen Plug Back	Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to]	Prod.	Total Depth	P.B.T.D.	
8-13-89 Elevations (DF, RKB, RT, GR, etc.)	1-6 Name of Producing For		4,050' Top Oil/Gas Pay	Tubing Depth	4,047'
3,901'GR (3,911'KB)	Abo		3,714'	Depth Casing	3,9991
Performuons Perfs: 3,7 <u>14'-4,001', t</u>	otal 74', 74	holes			4,050'
eiis. 5,714 4,001 , c	TUBING, (CASING AND	CEMENTING RECOR		
HOLE SIZE	CASING & TUI 10-3/4", 40.5		920'KBM		-Omt. Circ.
)-7/8"	7-5/8", 26.4#		1.823'KBM	275 Sxs	.,T-Cmt.,1,000'T-
5-1/2"	4-1/2", 10.5- 2-3/8" Tbg.	11.6#	4,050'KBM 3,999'KBM	200_Sxs	<u>- T-Omt. 3,110'T</u> -
V. TEST DATA AND REQUES	ST FOR ALLOWA	BLE			<i>C 11 2 (</i>
DIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total volume of Date of Test	fload oil and must	be equal to or exceed top allo Froming Method (Flow, put	wable for this depth or be fo mp, gas lift, etc.)	т јші 24 поитs.)
			NA C	Choke Size	
Length of Test	Tubing Pressure	6 1 1	Gasing Pressure	Choice Size	
Actual Prod. During Test	Oil - Bbis.	JAN 25 19	Water - Bblin.	Gas- MCF	· · ·
		<u> </u>		I	
GAS WELL	Length of Test	<u></u>	Bets Obsdenate/MMCF	Gravity of C	ondensale
A.O.F. 3,617 MCF/day	4	REALTH NEV		Choke Size	<u>`</u>
Testing Method (pilot, back pr.)	Tubing Pressure (Shut- 930 r		930 r		/16"-7/32"-1/4"
Back Pressure				ISERVATION [,
I hereby certify that the rules and regul. Division have been complied with and	ations of the Oil Conserv	ation			
Division have been complied with and is true and complete to the best of my l	knowledge and belief.		Date Approve	d	
MAR AM	2				
M.B. Mye		<u> </u>	By		
M.B. Myers	Ass't. to (Sen. Supt. Tile	Title		
			II INV		
<u>1-23-90</u> Date	(915) 682-5	241 phone No.			

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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ubmit 5 Copies	Energy	State of No. Minerals and Nati	ew Mexico ural Resources D	enartment		Form C-104 Revised 1-1-89
ppropriate District Office <u>ISTRICT 1</u> :0. Box 1980, Hobbs, NM 88240					RE	See Instructions at Bottom of Page
ISTRICT II		CONSERVA P.O. Bo		1510N	K.	الحرابية الم
O. Drawer DD, Anesia, NM 88210	S	anta Fe, New Me		088	14	N 20 100
000 Rio Brazos Rd., Aztec, NM 87410						N 29 '90
•	TOTR	ANSPORT OIL	AND NATUR	RAL GAS	Well API No.	D. C. D.
Openuor Great Western Dr	illing Compa			<u></u>		ESIA DEFICE
Address	-					
P.O. Box 1659, M Resson(s) for Filing (Check proper box)			Other (Pl	ease explain)		
New Well		In Transporter of:				
Change in Operator	Casinghead Gas					
change of operator give name ad address of previous operator						
I. DESCRIPTION OF WELL	AND LEASE	Pool Name, Include	ing Formation		Kind of Lease	Lease No.
Quail Federal COM.	6	Pecos Slo	-		State; Federal er Fee	NM-15862
Location	. 1,980			1 000		Teet
Unit Letter	_:,980	Feet From The	outh Line and	1,880	Feet From The	<u>East</u> Line
Section 15 Townshi	p 6-S	Range 25-E	, NMPM		Chaves	County
II. DESIGNATION OF TRAN			RAL GAS		annous d annous of this fi	is to be centl
Name of Authorized Transporter of Oil	or Cond		ADDINE (UINE OC	TETT IO WALCH	approved copy of this form	i is io de serii)
Name of Authorized Transporter of Casin	ghead Gas	or Dry Ges 🕅	Address (Give add	iress to which	approved copy of this form	is to be sent)
If well produces oil or liquids,	Unit Sec.	Twp. Rgs.	ls gas actually con	acted?	When ?	
ive location of tanks.	J 15	6-S 25-E	Nk	<u> </u>	Est. 3	-1-90
f this production is commingled with that V. COMPLETION DATA	from any other lease o	r pool, give comming	ung otter munter:			
Designate Type of Completion			New Well We	arkover 1	Deepen Plug Back Sa	me Res'v Diff Res'v
Designate Type of Completion	Date Compl. Ready	to Prod.	Total Depth	.	P.B.T.D.	I
8-13-89	1. Name of Producing	-6-90	Top Oil/Gas Pay	4,050'	Tubing Depth	4,047'
Elevations (DF, RKB, RT, GR, etc.) 3,901'GR (3,911'KB) Performions		bo		3,714'		3,999'
		1 holes			Depth Casing 5	4,050'
Perfs: 3,714'-4,001', 1	TUBINO	G, CASING AND				
HOLE SIZE	CASING & 10-3/4", 40	5#	920'	PTH SET		-CMT. Circ.
9-7/8"	7-5/8", 26.		1,823'			,T-Cmt.,1,000'T-
5-1/2"	<u>4-1/2", 10.</u> 2-3/8" Tbg.	5-11.6#	4.050		200_Sxs.	<u>T-Cmt. 3,110'T</u> -
V. TEST DATA AND REQUE	ST FOR ALLOV	VABLE				6 11 24 h
OIL WELL (Test must be after i Date First New Oil Run To Tank	Date of Test	ne of load oil me mus	Producing Method	ed top allowa (Flow, pump	ble for this depth or be for , gas lift, etc.)	jui 24 nours.)
		13	2.2		Choke Size	
Length of Test	Tubing Pressure	1	Cause Nearing	١	Choice Size	
Actual Prod. During Test	Oil - Bbls.		Water Bole ,	1	Gas- MCF	
		1 JUNE	<u>I</u>	/		
GAS WELL Actual Prod. Test - MCF/D	Length of Test	<u></u>	Bbis. Condition	MMCF	Gravity of Co	Idensate
A.O.F. 3,617 MCF/day	-	hrs.	Casing Pressure (0	Choke Size	
Testing Method (pilot, back pr.) Back Pressure	-) psig		<u>930 ps</u>		16"-7/32"-1/4"
VI. OPERATOR CERTIFIC	CATE OF COM	IPLIANCE		_	ERVATION D	
I hereby certify that the rules and regu Division have been complied with and	lations of the Oil Con	servation				
is true and complete to the best of my	knowledge and belief.		Date A	pproved		
M.B. May	2					
Signature			By			
M.B. Myers Printed Name		<u>Gen Supt</u> . Tile	Title			
1-23-90 Date		-5241 Telephone No.				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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ubrrit 5 Copies ppropriate District Office	Energy, N	State of Ne Inerals and Natu	ral Resources Department		Form C-104 ' Revised 1-1-89 See Instructions
<u>)ISTRICT </u> .O. Box 1980, Hobbs, NM 88240 PISTRICT II	OIL C		TION DIVISION	RECEN	Ese Instructions Bottom of Page
.O. Drawer DD, Artesia, NM 88210	Sa	P.O. Bo nta Fe, New Me	xico 87504-2088	JAN 2	9 '90
OOO Rio Brazos Rd., Aztec, NM 87410			LE AND AUTHORIZAT	TION (D. C	. p.
Operator	10164	/	AND NATOTAL CAS	Well API No ARTESIA	4
Great Western Dr	illing Compar	<u>y /</u>		30-005-	-62712
P.O. Box 1659, M Resson(s) for Filing (Check proper box)	idland, Texas	s 79702	Other (Please explain)	<u> </u>	
New Well	· · · · · · · · · · · · · · · · · · ·	Transporter of:			
Change in Operator	Oil Casinghead Gas	Dry Gas			
change of operator give name ad address of previous operator			······································		
I. DESCRIPTION OF WELL				Kind of Lease	Lease No.
Quail Federal COM.	Well No. 6	Pool Name, Includin Pecos Slop	-	State, Federal er Fee	NM-15862
Location T	. 1,980		outh Line and 1,880	Foot Footo The	East Line
Unit Letter	_ +			Feel From The	
Section 15 Townshi	p_6-S	Range 25-E	, NMPM,	Chaves	County
II. DESIGNATION OF TRAN	SPORTER OF O		RAL GAS Address (Give address to which i	approved copy of this form	s is to be sent)
			Adment (Give address to which	annound come of this form	is to be sent)
Name of Authorized Transporter of Casin	ghead Gas	or Dry Ges 🔼	Address (Give address to which		
f well produces oil or liquids, ive location of tanks.	Unit Sec. J 15	Twp. Rgs. 6-S 25-E	Is gas actually connected? NO	When? Est. 3	-1-90
this production is commingled with that V. COMPLETION DATA	<u></u>		·	······································	me Res'v Diff Res'v
Designate Type of Completion		I X		Deepen Plug Back Sa	
Date Spudded 8-13-89	Date Compi. Ready to	o Prod. 6-90	Total Depth 4,050'	P.B.T.D.	4,047'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F		Top Oil/Gas Pay	Tubing Depth	
3,901'GR (3,911'KB) Performions	Ab	0	3,714'	Depth Casing :	
Perfs: 3,714'-4,001',	total 74', 74	holes	CEMENTING RECORD		4,050'
HOLE SIZE	the second se	UBING SIZE ,	DEPTH SET	SA	CKS CEMENT
4-3/4"	10-3/4", 40.		920'KBM		-Cmt. Circ.
-7/8"	7-5/8", 26.4 4-1/2", 10.5	<u>#</u>	1,823'KBM 4,050'KBM	275 SXS.	<u>,T-Cmt,1,000'T-</u> T-Cmt, 3,110'T-
5-1/2"	2-3/8" Tbg.		3,999'KBM		
Y. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR ALLOW recovery of total volume	ABLE of load oil and mile	be equal to or exceed top allows	ble for this depth or be for	full 24 hours.)
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump,	gas lift, etc.)	
Length of Test	Tubing Pressure	1.43	Caury Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	19935	West-Boy	Gas- MCF	
GAS WELL	<u> </u>		S/		
Actual Prod. Test - MCF/D	Longih of Test		Bola. Queilgesele/MMCF	Gravity of Co	
A.O.F. 3,617 MCF/day	4 Tubing Pressure (Shu	hrs.	Casing Pressure (Shut-in)	Choke Size	
Back Pressure		psig	930_ps:		16"-7/32"-1/4"
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	lations of the Oil Conse that the information gi	rvation		ERVATION D	IVISION
			Date Approved		
Signature	en		Ву	<u> </u>	
M.B. Myers	<u>Ass't to</u>	Gen. Supt.	Title		
Printed Name 1–23–90	(915) 682-	5241		<u> </u>	
Date	Te	lephone No.			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

Effecting Characterization Experimentation CONSERVATION DIVISION PO.Box 2088 State 29 '90 CONSERVATION DIVISION PO.Box 2088 State 29 '90 CONSERVATION DIVISION PO.Box 2088 State 29 '90 CONSERVATION State 2008 State 209'00 Applied 29 '90 CONSERVATION OF CONSERVATION DIVISION O.C. C. Construction Construction of Construction State 200'00 Construction Constate 200'00 State 200'00	- ubrrit 5 Copies ppropriate District Office	Energy, M	State of New inerals and Natur	w Mexico ral Resources Department		Form C-104 Revised 1-1-89
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TO TRANSPORT OIL AND NATURAL GAS ATTERN. OFF.6 Ward AT No. 30-005-62712 Ward AT No. 30-005-62712 Ward AT No. Company 30-005-62712 Ward AT No. Company 30-005-62712 Ward AT No. Company Other (Finance applicity) Ward AT No. Company Other (Finance applicity) Ward AT No. Company Company Company Dates of operating synamic Company Company Company Jame Nome Company Finan Number of Company Non-15662 Junit Later J 1,980 Pool from The South Later and L.850 Non-15662 Junit Later J 1,980 Pool from The South Later and L.850 Non-15662 Junit Later J 1,980 Pool from The South Later and Later an	ISTRICT III					
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Section 15 Township 6-5 Range 25-E NMPA Charges County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Addees (Giv address to which approved copy of his form is to be sent) Addees (Giv address to which approved copy of his form is to be sent) Name of Authorized Transporter of Calinghand Gas or Chardenses Addees (Giv address to which approved copy of his form is to be sent) Vall produces oil or tiquida, Ubit Sec. Thy Bap Is go address to which approved copy of his form is to be sent) V vall produces oil or tiquida, Ubit Sec. Thy Bap Is go address to the indication of table V vall produces oil or tiquida, Ubit Sec. Thy Bap Is go address to the indication of table V completion of table Ubit Sec. Thy Bap Is go address to the indication of table V. COMPLETION DATA Designation Due concept kendy to find. Near of Producing Formation Formation 9.10 GR (G (3.911'KB) Near of Producing Formation Top OUGGE Pay Table Depth A.050' HOLE SIZE CASING AND CEMENTING RECORD SACKS CEMENT SACKS CEMENT 67.74" To-S/6*'	Γ.	1,980	Feet From The SC	uth Line and 1,880	Feet From The	East Line
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Name of Authorized Transporter of Calinghead Ges or Condensate Address (Give address to which approved copy of Aut Joint is to be steel) If well produces oil or liquids, If well produces oil or liquids, Ve toostoor of table. Unit Sec. Twp. Rgs. Is go active to which approved copy of Aut Joint is to be steel) If well produces oil or liquids, Ve toostoor of table. Unit Sec. Twp. Rgs. Is go active to which approved copy of Aut Joint is to be steel) Ve toostoor of table. J 15 6-5 25-12 No Est. 3-1-90 Ve toostoor of table from as of pool, give commissing order number: Ool Well Cas Well No Past Tool Past Tool V. COMPLETION DATA Des Compl. Ready to Pool. X X Yell Past Tool 4,047'. Dessignate Type of Completion - (X) Date Scale Pay 1-6-90 Tubing Depth 3,991' Address (G. 3,911'KB) Address (G. 3,911'KB) Address (G. 2,911'KB) Address (G. 2,911'KB) 3,991' Specification 3,91'GR (G. 3,911'KB) Address (G. 2,911'KB) Address (G. 2,911'KB) 3,991'KB 4,050' Tubing Depth 3,991'KB 3,91'GR (G. 3,911'KB) Date Tool 'A (A (5,51K GAL) <td< td=""><td></td><td></td><td></td><td></td><td><u></u></td><td><u></u></td></td<>					<u></u>	<u></u>
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Visit of Liquida, Unit Sec. Twp. Rae. Is get annully consected? When 7 Visit comminguing with that from any other lease or pool, give comminguing coder sumber: V. COMPLETION DATA Designate type of Completion - (X) Oil Well Cas Wull New Well Weekover Designate Base Completion - (X) Designate Type of Completion - (X) Designate Type of Completion - (X) Base Completion - (X) Design C	•					
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V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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 Tank Date of Test Date of Test Difference Choice Size Length of Test Tubing Pressure Cause Phase Choice Size GAS WELL Oil - Bbla. Case Phase Concentration of the formation			-11.6#		200 Sxs.	<u>T-Omt. 3,110'</u> T-S
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GAS WELL Actual Prod. Test - MCF/D Leagth of Test A.O.F. 3, 617 MCF/day 4 hrs. 0 Tubing Pressure (Shust-in) 0 Testing Method (pilot, back pr.) 930 psig 0 Back Pressure 930 psig 0 0 VI. OPERATOR CERTIFICATE OF COMPLIANCE 0 0 0 0 I hereby certify that the rules and regulations of the Oil Conservation 0 0 0 0 Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief. 0	Actual Prod. During Test	1 m m 1		Water Bola	Gas- MCF	
Actual Prod. Test - MCF/D Length of Test Bbis. Condensate A.O.F. 3, 617 MCF/day 4 NrS 0 Testing Method (pluo, back pr.) Tubing Pressure (Shus-in) 0 Back Pressure 930 psig 930 psig 1/8"-3/16"-7/32"-1/4" VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Oil CONSERVATION DIVISION Division have been complete to the best of my knowledge and belief. Date Approved M.B. Myers Ass't. to Gen_Supt. Finated Name Tale 1-23-90 (915) 682-5241	GAS WELL	[°	JHN -	~ [
A.O.F. 3,61/ MCF/day Tubing Pressure (Shus-ia) Casing Hears (Shus-ia) Choke Size Back Pressure 930 psig 930 psig 1/8"-3/16"-7/32"-1/4" VI. OPERATOR CERTIFICATE OF COMPLIANCE 01L CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation 01L CONSERVATION DIVISION Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief. Date Approved M.B. Myers Ass't. to Gen_Supt. Table M.B. Myers Ass't. to Gen_Supt. Table 1-23-90 (915) 682-5241 Table Treater No.	Actual Prod. Test - MCF/D				Gravity of Cor	idensale
Date: The state Date: The state OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Date Approved Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Date Approved Date Approved M.B. Myers Ass't to Cen. Supt. Tale Title Title Title		Tubing Pressure (Shu	hrs.		Choke Size	
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. M.B. Myers Ass't. to Gen. Supt. M.B. Myers Ass't. to Gen. Supt. Taile Title 1-23-90 (915) 682-5241	Back Pressure			930 ps	ig 1/8"-3/	16"-7/32"-1/4"
is true and complete to the best of my knowledge and belief. Date Approved	I hereby certify that the rules and regu	lations of the Oil Consei	rvation	OIL CONS	ERVATION D	IVISION
Signature Ass't to Gen. Supt. M.B. Myers Ass't to Gen. Supt. Printed Name Tale 1-23-90 (915) 682-5241	is true and complete to the best of my	knowledge and belief.		Date Approved		
Signature Ass't to Gen. Supt. M.B. Myers Ass't to Gen. Supt. Printed Name Talle 1-23-90 (915) 682-5241	M.B. Why	n		By	<u> </u>	
Printed Name Table Title 1-23-90 (915) 682-5241	Signature					
Tataphone No	Printed Name	(915) 682-		Title	<u></u>	•
	 Date					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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- ubrit 5 Copies ppropriate District Office ISTRICT I		ew Mexico ural Resources Department	Form C-104 Revised 1-1-89 See Instructions	-
O. Box 1980, Hobbs, NM 88240	P.O. B	TION DIVISION	at Bottom of Pag. RECEIVED	2
O. Drawer DD, Artesia, NM 88210	Santa Fe, New M	exico 87504-2088		
000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAR	BLE AND AUTHORIZATIC	N JAN 29'90	
Operator			ell API No.	
<u>Great Western Dr</u>	illing Company		30-005-62712	
Address P.O. Box 1659, M	idland, Texas 79702	······································		
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)		
Recompletion	Oil Dry Gas			
Change in Operator	Casinghead Gas Condensate]
nd address of previous operator				
I. DESCRIPTION OF WELL	AND LEASE Well No. Pool Name, Includ	ing Formation K	ind of Lease No.	
Quail Federal COM.	6 Pecos Slo		NM-15862	
Location Unit Letter J	. 1,980 Feet From The	outh Line and 1,880	_ Feet From TheEastI	ine
Section 15 Townshi	ip 6-S Range 25-E	, NMPM, (haves Count	y
	SPORTER OF OIL AND NATU	RAL GAS	and coor of this form is to be sent)]
Name of Authorized Transporter of Oil				
Name of Authorized Transporter of Casin	ighead Gas 📄 or Dry Gas 🛣	Address (Give address to which appr	oved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs J 15 6-S 25-E	No	Vhen 7 Est. 3-1-90	
f this production is commingled with that V. COMPLETION DATA	from any other lease or pool, give comming			
Designate Type of Completion	Oii Well Gas Well - (X) X	New Well Workover Deep	en Plug Back Same Res'v Diff Re	S'V
Date Spudded 8-13-89	Date Compl. Ready to Prod. 1-6-90	Total Depth 4,050'	P.B.T.D. 4,047'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3,901'GR (3,911'KB) Perforations	Abo	3,714	3,999 Depth Casing Shoe	
Perfs: 3,714'-4,001',	total 74', 74 holes		4,050'	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
14-3/4"	10-3/4", 40.5#	920'КВМ	575 SxsOmt. Circ.	
9-7/8"	7-5/8", 26.4# 4-1/2", 10,5-11.6#	<u>1,823'KBM</u> 4,050'KBM	275 Sxs., T-Cmt., 1, (200 Sxs. T-Cmt., 3, 1	
5-1/2"	2-3/8" Tbg.	3,999'KBM		
V. TEST DATA AND REQUE	ST FOR ALLOW ABLE recovery of total volume of load oil and mu	The equal to an exceed tan allowable t	or this depth or be for full 24 hours.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volume of load oil and must Date of Testy	Producing Method (Flow, pump, gas	lift, etc.)	
		Catha Pressure	Choke Size	
Length of Test	Tubing Pressure			
Actual Prod. During Test	Oil - Bole JAN 20 1950	Water Bbls.	Gas- MCF	
GAS WELL		- 31		
		Maria Condensata/MMCF	Gravity of Condensate	
	Length of Test	Tible Condensate/MMCF	Gravity of Condensate	
A.O.F. 3,617 MCF/day	Tubing Pressure (Shut-in)	Casing Pressure (Shist-in)	Choke Size	/ / 11
A.O.F. 3,617 MCF/day Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shul-ia) 930 psig	Casing Pressure (Shut-in) 930 psig	Choke Size 1/8"-3/16"-7/32"-1	/4"
A.O.F. 3,617 MCF/day Testing Method (pilot, back pr.) Back Pressure VI. OPERATOR CERTIFIC I hereby certify that the rules and regr Division have been complied with an	Tubing Pressure (Shut-in) 930 psig CATE OF COMPLIANCE value of the Oil Conservation d that the information given above	Casing Pressure (Shut-in) 930 psig	Choke Size	/4"
A.O.F. 3,617 MCF/day Testing Method (pilot, back pr.) Back Pressure VI. OPERATOR CERTIFIC I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of my	Tubing Pressure (Shut-is) 930 psig CATE OF COMPLIANCE ulations of the Oil Conservation d that the information gives above y knowledge and belief.	Casing Pressure (Shut-in) 930 psig	Choke Size 1/8"-3/16"-7/32"-1	/4"
Testing Method (pilot, back pr.) <u>Back Pressure</u> VI. OPERATOR CERTIFIC 1 hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my M.B. With	Tubing Pressure (Shut-is) 930 psig CATE OF COMPLIANCE ulations of the Oil Conservation d that the information gives above y knowledge and belief.	0 Casing Pressure (Shus-in) 930_psig OIL CONSE	Choke Size 1/8"-3/16"-7/32"-1	/4"
A.O.F. 3,617 MCF/day Testing Method (pilot, back pr.) Back Pressure VI. OPERATOR CERTIFIC I hereby certify that the rules and regr Division have been complied with and is true and complete to the best of my M.B. Mark Signature	Tubing Pressure (Shut-is) 930 psig CATE OF COMPLIANCE ulations of the Oil Conservation d that the information gives above y knowledge and belief.	Casing Pressure (Shus-in) 930_psig OIL CONSE Date Approved By	Choke Size 1/8"-3/16"-7/32"-1	/4"
A.O.F. 3,617 MCF/day Testing Method (pilot, back pr.) Back Pressure VI. OPERATOR CERTIFIC I hereby certify that the rules and regr Division have been complied with and is true and complete to the best of my M.B. May	Tubing Pressure (Shut-ia) 930 psig CATE OF COMPLIANCE ulations of the Oil Conservation d that the information given above y knowledge and belief.	Casing Pressure (Shus-in) 930_psig OIL CONSE Date Approved By	Choke Size 1/8"-3/16"-7/32"-1	/4"

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