STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT C. C. D. APTESIA OFFICE	Form C-104 Revised 10-01-78 Format 06-01-83
DISTRIBUTION ARTESIA, OFFICELSE DV	
	OX 2088 W MEXICO 87501
LAND DFFICE	W MEXICO 07501
PROMATION OFFICE	OR ALLOWABLE AND SPORT OIL AND NATURAL GAS
Cperotor	
Norwood Oil Company *	
P. O. Drawer 1029, Malakoff, Texa	as 75148
Reason(s) for filing (Check proper box)	Other (Please explain)
X New Well Change in Transporter of: Recompletion Oil D	CASINGHEAD GAS MUST NOT BE
	Condensate FLADED AFTER 5-30-Kh
I change of ownership give name	ELAND AND EXCEPTION FROM
ind eddress of previous owner	L. M. 13 OBTAINED
Lease Name Well No. Pool Name, Including I Isles Federal 7 High Lonesc Location 7 South Li Unit Letter N 330	ome Queen state, Federal or Fee Federal 04611
	ine and <u>1050</u> Feet From The WeSt
Line of Section 17 Township 16S Range 2	
	29E , NMPM, Eddy Count
	29E , NMPM, Eddy Count
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Cil T	29E , NMPM, Eddy Count ALGAS Acadienses (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico 882
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	29E , NMPM, Eddy Count
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Cill Condensate Navajo Refining Company Name of Authorized Transporter of Casinghead Gas or Dry Gas	29E , NMPM, Eddy Count Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico 882 Address (Give address to which approved copy of this form is to be sent) Is gas actually connected? When 5-2-5
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III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Cill or Condensate Navajo Refining Company Name of Authorized Transporter of Casinghead Gas or Dry Gas If well produces oil or liquida, give location of tanks. If well produces oil or liquida, give location of tanks. If this production is commingled with that from any other lesse or pool, NOTE: Complete Parts IV and V on reverse side if necessary. 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 is true and complete to the best of my knowledge and belief. Signature/ President	Count NMPM, Eddy Count Address (Give address to which approved copy of this form is to be sent) P. 0. Box 159, Artesia, New Mexico 882 Address (Give address to which approved copy of this form is to be sent) P. 0. Box 159, Artesia, New Mexico 882 Address (Give address to which approved copy of this form is to be sent) fast TD- Is gas octually connected? When S-2-8 Is gas octually connected? Is gas octually connected? Is gas octually connected? Is gas octually connected? Is gas octually connected? Is gas octually connected? If this is a request for alio
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IV. COMPLETION DATA	•				.				Tour D
Designate Type of Completic		Oil Well X	Gas Well t	New Well	I Workover	l Deepen I	Plug Back	Same Restv.	Diff. Hearv
Date Sputded 3-28-86	Date Compl. 4-7-		rod.	Total Depti	1850'		Р.В.Т.Д. 18	41 °	
Elevations (DF. RKB, RT. GR. etc.) 3648 G.L.	Name of Producing Formation Penrose Queen		Top Oil/Gas Pay 1767'		Tubing Depth 1770				
Perforations 1767-1787	Penrose						Depth Casi	ng Shce 184	2'
		TUBING,	CASING, AN	D CEMENTI	NG RECORD)			
HOLE SIZE		G & TUBI	NG SIZE	1	DEPTH SE	٢		ACKS CEME	
124"		78 "		292		250 SK. circ.			
7_7/8"	5 ±			18	+2		350	SK.	
	2	3/8		1	728				
V. TEST DATA AND REQUEST OIL WFUL	FOR ALLO	WABLE (Pest must be i able for this d	epth or be for	full 24 hours,			qual to or exc	eed top allow
Date First New Off Run To Tanks 4-8-86	Date of Test 4-14	-86			Keinod (Flow, Mping	pump, gas i	ift, etc.)		

4-0-00	1 11 00	rumping	
Longth of float	Tubing Pressure	Casing Pressure	Choke Size
24 Hours			
Actual Pica, During Teel	Oil-fible.	Water-Bbls.	Gas-MCF
91	84	13	TSTM

GAS WELL

ure (khut-in) Choke	- Size
(Shat-112) Casing Press	(Shut-iw) Casing Pressure (thut-im) Choke

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