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SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
IRANSPORTER	GAS			
OPERATOR				
PROBATION OFFICE				

PRODUCTION CLERK

**OCTOBER 1, 1967** 

(Title)

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST FOR ALLOWABLE  Supersedes Old C-104 and C-110  Effective 1-1-65				
FILE	AND				
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE	-				
TRANSPORTER GAS	1				
OPERATOR					
PRORATION OFFICE					
Operator					
Midwest Oil Corp	poration				
Address					
1500 Wilco Bldg.	., Midland, Texas 79701				
Reason(s) for filing (Check proper box	r)	Other (Please explain)			
New Well	Change in Transporter of:	Division of royalty -			
Recompletion	Oil Dry Ga	Add Battery #2 to lease name			
Change in Ownership	Casinghead Gas Conder	isdie			
If change of ownership give name					
and address of previous owner					
A DECORPORAL OF WELL AND	TEACE				
I. DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Lease Lease No.			
Vada Lee Pruitt Battery	y #2 2 Vada (Penn)	State, Federal or Fee			
Location					
Unit Letter H ; 60	60 Feet From The <b>South</b> Lin	ne and 660 Feet Fro	m The West		
, <u> </u>		<del></del> -			
Line of Section 17 To	ownship <b>9-8</b> Range	34-R , NMPM,	Les County		
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Cine address to which an	proved copy of this form is to be sent)		
Name of Authorized Transporter of Of	Name of Authorized Transporter of Oil 🛣 or Condensate 🗌 Address (Give address to which approximately address)				
Pan American -			Box 1725 - Midland, Texas S (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas 🐒 💮 or Dry Gas 🔠					
Warren Petroleur	Corporation Unit Sec. Twp. Ege.	P. O. Box 1589 - Tuls Is gas actually connected?	When		
If well produces oil or liquids,		Yes	August 21, 1967		
give location of tanks.		<del></del>	August 11, 1707		
	ith that from any other lease or pool,	give commingling order number:			
V. COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
Designate Type of Completi	ion = (X)				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
			Depth Casing Shoe		
Perforations			Depin Gasing biles		
		D CENENTING DECORD			
		DEPTH SET	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEFIRSE	3/(3/(3/2))		
,					
		1			
W MEET DAMA AND DECITED 1	FOR ALLOWARIE (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top allow		
V. TEST DATA AND REQUEST 1	able for this d	epth or be for full 24 hours)			
Date First New Cil Run To, Tanks	Date of Test	Producing Method (Flow, pump, ga	s lijt, etc.)		
			Choke Size		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
<u> </u>		Water - Bbls.	Ggs-MCF		
Actual Prod. During Test	Oil - Bbls.	#dief - Duis.			
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Faudin or rear				
The state of the s	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	I doing Pressure (State-In )	,			
		OII CONSES	WATION COMMISSION		
VI. CERTIFICATE OF COMPLIA	NCE		VATION COMMISSION		
		APPROVED	, 19		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			BY		
above is true and complete to t	the best of my knowledge and belief.	(EY			
-		TITLE			
~~ ·		This form is to be filed	in compliance with RULE 1104.		
Carolyn Ju	rne	If this is a request for allowable for a newly drilled or deepened			
(Signature)		well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation well, the table on the well in accordance with RULE 111.			

well, this form must be accompanied by a tabulation of the 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 owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.