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Supersedes Old C-104 and C-110

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REGISESTOFFFRCELLO.CWOBLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT PRICAND NATURAL GAS Operator Major & Giebel Oils Address Box 953, Midland, Texas
Reason(s) for filing (Check proper box) Other (Please explain) New Well Recompletion OH Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ UNDESIGNATED II. DESCRIPTION OF WELL AND LEASE Well No. Nine Ranch, Inc. State Middle R-3295 Lane-Permo Pennsylvanian 2130 660 Feet From The H Unit Letter Feet From The Township Line of Section 108 Range 33E , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 🛣 Address (Give address to which approved copy of this form is to be sent) Pan American Petroleum Comporation
Authorized Transporter of Casinghead Gas A or Dry 6 Box 1725, Midland, Texas Name of Authorized Transporter of Casinghead G Address (Give address to which approved copy of this form is to be sent) 424 FSB Bldg., Midland Warren Pet. Unit Rge. Is gas actually connected? Sec. Twp. If well produces oil or liquids, 22 108 33E within 30 days If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D 7/2/67 5/6/67 9740 9729 Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth Middle Lane Bough C 9681 9683 Depth Casing Shoe 9681 - 9688 9740 TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE **DEPTH SET** SACKS CEMENT 17 1/2 12 3/4 360 350 1) <u>8 5/8</u> 3940 400 5 1/2 9739 <u> 300</u> (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) pumping (Kobe)
Casing Pressure 7/2/67 7/2/67 Tubing Pres Length of Tes Choke Size Actual Prod. During Test Oil-Bbls. Water-Bbls. 382 343 <u>429.75</u> **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size OIL CONSERVATION COMMISSION JUL 28 1367 APPROVED I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY TITLE _

VI. CERTIFICATE OF COMPLIANCE

Fund	Shuit	_
Acent	(Signature)	ı

Macill

7/11/67

(Title)

(Date)

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 Sections I, II, III, and VI only 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.

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