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|------------------------|-----|---|--|
| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| - THANGI ON EN | GAS | | |
| OPERATOR | | | |
| | | 1 | |

(Title)

(Date)

S/19**/**68

| | _ | | |
|--|--|--|--|
| DISTRIBUTION | NEW MEXICO OIL | CONSERVATION COMMISS. | Form C-104 |
| SANTA FE | REQUES | T FOR ALLOWABLE AND AND AND AND AND AND AND AN | Supersedes Old C-104 and C-11 |
| FILE | £ 7. | AND THIS BS OFFICE O | Effective 1-1-65 |
| U.S.G.S. | ALITHOPIZATION TO TE | TANCEDET OIL AND NATURAL | *CAC |
| LAND OFFICE | AUTHORIZATION TO TR | CANSPORT CIT AND NATURAL | GAS |
| OIL | | TANSPORT OIL AND NATURAL IN 168 | · |
| TRANSPORTER | • | *** 00 | |
| GAS | <u> </u> | | |
| OPERATOR | | | |
| I. PRORATION OFFICE | | | |
| Operator | | | |
| Mesdeo Properties, Int | 3. | | |
| Address | | | |
| For 963. Midland. Tem | 12 g 1 | | |
| Reason(s) for filing (Check proper bo. | x) | Other (Please explain) | |
| New Well | Change in Transporter of: | omer (1 todes explaine) | |
| Recompletion | ' ' ' ' | | |
| | H - '' | | |
| Change in Ownership | Casinghead Gas Cond | ensate | |
| If change of ownership give name | | | |
| and address of previous owner | | | |
| | | 1 | // |
| II. <u>DESCRIPTION OF WELL AND</u> | TEASE 24 | a led The | 15 |
| Lease Name | | ame. Including Formation . 8 - 3 70 | 1 Kind of Legse |
| and the sear in | No | ame including Formation R-3/08 | State Federal - B |
| Location | | CHARACTED | State, Federal or Fee |
| Location | | _ 1 1 1 1 1 1 | |
| Unit Letter 💍 ; | 160 Feet From The N L | ine and 1930 Feet From | The \$\frac{\tau_{\text{t}}}{\text{T}_{\text{t}}}\$ |
| | | | |
| Line of Section 5, To | ownship 7.4 Range | , NMPM, | Y street |
| | - 4.6yo | 1048 , Attractivity | Legs County |
| I DESIGNATION OF TRANSPOR | TED OF OH AND MARKED AT ~ | AC | |
| II. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oi | | | |
| | | Address (Give address to which appro | • |
| Pan Assorican Pet. Co. | | Address (Give address to which appre | idland, Texas |
| Name of Authorized Transporter of Co | isinghead Gas 📆 or Dry Gas 🗌 | Address (Give address to which appro | oved copy of this form is to be sent) |
| Marren Pot. Ouspany | | Box 1589. T | ulsa, Okla. 74100 |
| | Unit Sec. Twp. Rge. | | nen |
| If well produces oil or liquids, give location of tanks. | 6 5 12 33 | | |
| gro rection of tanks. | 0 1 15 | no | vary econ |
| If this production is commingled w | ith that from any other lease or pool | . give commingling order number: | |
| V. COMPLETION DATA | | , | |
| | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. |
| Designate Type of Completi | on – (X) | X | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| %/2 3/5 5 | | · · | |
| | 6/10/68 | 10,210 | 9641 |
| Pool | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| W. Land | Middle Pem | 3757 | 9720 |
| Perforations | | | Depth Casing Shoe |
| 8995-8942; 9757-9760 | | | 10205 |
| Carrie Ca hand Dade Control | TURING CASING AN | ID CENTURE DECARE | 70%09 |
| | | ID CEMENTING RECORD | - 40 |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 27 1/2 | 12 3/4 | 375 | 300 |
| Jan. | 9 6/8 | 3760 | 500 |
| 7 7/8 | 8 2/2 | 10205 | 450 |
| | | | |
| i | 7 25V to | 330-377- | 700 |
| W. MICON PAGE AND THE | | | |
| | OR ALLOWABLE (Test must be | after recovery of total volume of load oil | |
| OIL WELL | OR ALLOWABLE (Test must be able for this d | after recovery of total volume of load oil lepth or be for full 24 hours) | and must be equal to or exceed top allow- |
| OIL WELL Date First New Oil Run To Tanks | OR ALLOWABLE (Test must be | after recovery of total volume of load oil | and must be equal to or exceed top allow- |
| OIL WELL | OR ALLOWABLE (Test must be able for this d | after recovery of total volume of load oil lepth or be for full 24 hours) Producing Method (Flow, pump, gas li | and must be equal to or exceed top allow- |
| OIL WELL Date First New Oil Run To Tanks | OR ALLOWABLE (Test must be able for this d | after recovery of total volume of load oil lepth or be for full 24 hours) | and must be equal to or exceed top allow- |
| OIL WELL Date First New Oil Run To Tanks CASA CE Length of Test | OR ALLOWABLE (Test must be able for this description of Test) Date of Test Tubing Pressure | after recovery of total volume of load oil lepth or be for full 24 hours) Producing Method (Flow, pump, gas left) Casing Pressure | and must be equal to or exceed top allow- ift, etc.) Choke Size |
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| Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) I. CERTIFICATE OF COMPLIAN I hereby certify that the rules and Commission have been complied to above is true and complete to the | Date of Test Date of Test | after recovery of total volume of load oil lepth or be for full 24 hours) Producing Method (Flow, pump, gas left) Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure OIL CONSERVA APPROVED BY TITLE This form is to be filed in If this is a request for allow | and must be equal to or exceed top allow- ift, etc.) Choke Size Gas-MCF Gravity of Condensate Choke Size ATION COMMISSION , 19 compliance with RULE 1104. wable for a newly drilled or deepened |
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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.