| NO. OF COPIES RECEIVED | | | | | |
|--|---|-------------------------------|------------------|------------------------|------------------|
| DISTRIBUTION | NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE DESCRIPTION Supersedes Old C-104 and C-110 AND Form C-104 Supersedes Old C-104 and C-110 Supersedes Old C-104 and C-110 C. C | | | | |
| SANTA FE | REQUEST | FOR ALLOWABLE OF | o OFFICE (| Effective 1-1-65 | 6-104 and 6-110 |
| FILE | | AND | | · •, •, | |
| U.S.G.S. | AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | |
| LAND OFFICE | | | - 55 A | 7 00 | |
| TRANSPORTER GAS | | | | | |
| OPERATOR | | | | | |
| PRORATION OFFICE | | | | | |
| Operator MIDWEST 01 | L CORPORATION | | | | |
| Address | Bldg., Midland, Texas | 79701 | | | |
| Reason(s) for filing (Check proper box) |) | Other (Please e | xplain) | | |
| New Well | Change in Transporter of: | | | | |
| Recompletion | OI. Dry Gas | | | | |
| Change in Ownership | Casinghead Gas Conde | ensate | | | |
| If change of ownership give name and address of previous owner | | | | | |
| . DESCRIPTION OF WELL AND | LEASE | 1// | | | Lease No. |
| Lease Name | Well No. Pool Name, Including | otilidito | (ind of Lease | or Fee - | Lease No. |
| L.D. Tankersley | #1 magskgnete | * | State, Federal o | Fee Fee | -l |
| Location | | | | ant. | |
| Unit Letter H : 1980 | Feet From The North Li | ne and 510 | Feet From Th | e East | |
| | | O. C. NILITINA | | Le | County |
| Line of Section 30 To | wnship 9-S Range | 34-E , NMPM, | | | <u> </u> |
| | TOTAL AND NATURAL C | AS | | | |
| Name of Authorized Transporter of Oil | or Condensate | Magress (orne agents - | | | to be sent) |
| | - | P.O. Box 1725, | Midland, | Texas 79701 | |
| Pan American - Trucks Name of Authorized Transporter of Ca | singhead Gas or Dry Gas | Address (Give address to | which approve | d copy of this form is | to be sent) |
| Name of Authorized Transporter of ou | | | | | |
| | Unit Sec. Twp. Ege. | Is gas actually connected | i? When | | |
| If well produces oil or liquids, give location of tanks. | H 30 9-S 34-E | | | | |
| | ith that from any other lease or pool | give commingling order | number: | | |
| If this production is commingled with COMPLETION DATA | | | | Plug Back Same Re | s'v. Dirf. Res'v |
| | Oil Well Gas Well | New Well Workover | Deepen | Plag Edek Dame 110 |) |
| Designate Type of Completi | | X | <u> </u> | P.B.T.D. | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | ļ | | |
| 4-20-68 | 5-30-68 | 9869 Top O:1/Gas Pay | | Tubing Depth | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | 9784 | |
| 4290.5 GR | Bough C | 9804 | | Depth Casing Shoe | |
| Perforations | | | | | |
| 9804 - 16 | TUDING CASING A | ND CEMENTING RECOR | D | | |
| | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | |
| HOLE SIZE | | 330 | | 325 | |
| 15 | 11-3/4 | 1050 | | 450 | |
| 11 | 8-5/8 | 2010 | | 300 | |
| 7-7/8 | 5-1/2 | 078/ | | | |
| V. TEST DATA AND REQUEST I | 2-3/8 TOP ALLOWARIE (Test must be | after recovery of total volum | ne of load oil o | nd must be equal to or | exceed top allow |
| | able for this | depth or be for full 24 hours |) | | |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow | , pump, gas lif | t, etc.) | |
| | 5-30-68 | Casing Pressure | | Choke Size | |
| 5-30-68 Length of Test | Tubing Pressure | Casing Pressure | | | |
| 14 hrs. | 200 | Wasa Bhia | | 30/64 Ggs-MCF | |
| Actual Prod. During Test | O11-3bls. | Water - Bbls. | | | |
| 320 | 230 | 90 | | 133 | |
| - | | | | | |
| GAS WELL | | Bbls. Condensate/MMC | | Gravity of Condensa | te |
| Actual Prod. Test-MCF/D | Length of Test | Build. Condendato, Minor | | | |
| | m 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | Casing Pressure (Shut | -in) | Choke Size | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Cading France (Cade | • | | |
| | | 011 / | CONSERVA | TION COMMISSI | ON |
| VI. CERTIFICATE OF COMPLIA | NCE | OIL (| JO143E11 V F | | |
| | | | | | |

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.

| (Signature) |
|------------------|
| PRODUCTION CLERK |
| (Title) |

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 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.