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SANTA FE			
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LAND OFFICE			
TRANSPORTER	OIL	L	
	GAS		
OPERATOR			
PRORATION OFFICE			ļ

NEW MEXICO OIL CONSERNATION COMMISSION

Form C-104

SANTA FE		OR ALLOWABLE C. C. C.	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE		AND HE BUZZNAMERE	CAS
U.S.G.S.	AUTHORIZATION TO TRAF	ISPORT OIL ANIZINAMINGS	GAS
OIL	╡		
TRANSPORTER GAS			
OPERATOR	7		
PRORATION OFFICE			
Operator H. C. Hood			
Address 522 Bank of the Se	outhwest, Midland, Tex	cas 79701	
Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Condens	sate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	rmation Kind of Lea	Lease No.
Lovington Trust	1 North Bagley		ral or Fee Fee
Location			
n s	60 Feet From The North Line	and 660 Feet From	n The West
Unit Letter;;	reet Flom The		
Line of Section 28 T	ownship 118 Range 3	3E , NMPM,	Lea County
DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	S Address (Give address to which app	roved copy of this form is to be sent)
Name of Authorized Transporter of C	or Condensate	3411 Knoxville Ave	
Service Pipe Line Name of Authorized Transporter of C	asinghead Gas X or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)
Warren Petroleum		Box 1589, Tulas, (
	Unit Sec. Twp. Rge.		Vhen
If well produces oil or liquids, give location of tanks.	D 28 11S 33E	No	Unknown
		<u> </u>	
	with that from any other lease or pool,	give comminging order number.	
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Complete	\mathbf{x}	X	1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-2-68	6-7-68	10.2001	10,131'
Elevations (DF, RKB, RT, GR, etc.,		Top Oil/Gas Pay	Tubing Depth
4280' GR (Est.)	Strawn	98851	9852 Depth Casing Shoe
Perforations			· ·
9909, 9954, 9970,	10004, 10014, 10079	A STANDARD DECORD	10,198'
		DEPTH SET	SACKS CEMENT
HOLESIZE	CASING & TUBING SIZE		375
17"	12 3/4"	370' 3800'	350
11"	8 5/8"	10198'	450
7 7/8"	2 3/8"	98521	400
			oil and must be equal to or exceed top allou
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load (opth or be for full 24 hours)	of this must be equal to a societies as
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	i lift, etc.)
	6-8-68	Flow	
6-7-68 Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	220	Pkr.	32/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
529	385	144	486
<u> </u>			
GAS WELL		Table 2	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravità or configurations
		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Oderny Freezens (Dusc. 2)	
		011 0011000	VATION COMMISSION
I. CERTIFICATE OF COMPLIA	ANCE	CONSER	VATION COMMISSION
		APPROVED	, 19
I hereby certify that the rules as	nd regulations of the Oil Conservation d with and that the information given		XIII.
Commission have been complied above is true and complete to	the best of my knowledge and belief.	BY_	Harry Constitution of the second
•		# //	* *
		TITLE	t and the same with the same and the same an
12 . 1		This form is to be filed	in compliance with RULE 1104.
Shirter Shirter	m. Fool	1/ 14 15 1 - f be secon	llowable for a newly drilled or deepene mpanied by a tabulation of the deviation
	nignature)	tests taken on the well in a	CCOrdance with RULE 111.
Agent		All sections of this form must be filled out completely for allo	

6-11-68

(Date)

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.