

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator MIDWEST OIL CORPORATION	
Address 1500 WILCO BLDG., MIDLAND, TEXAS 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

UNDESIGNATED

Lease Name New Mexico 'Q' State	Well No. #1	Pool Name, Including Formation Inbe (Penn)	Kind of Lease State, Federal or Fee State	Lease No. L-129
Location Ada-Pennsylvanian R-3662				
Unit Letter D ; 660 Feet From The North Line and 510 Feet From The West				
Line of Section 36 Township 10-S Range 33-E , NMPM, Lee County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Pan American Trucks	P.O. Box 3120, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 36	Twp. 10	Rge. 33	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-11-68	Date Compl. Ready to Prod. 7-23-68	Total Depth 9960		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 4195.9 GR	Name of Producing Formation Bough C	Top Oil/Gas Pay 9899		Tubing Depth 9852					
Perforations 9899-9909 & 9912-16		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15"	11-3/4		335		325				
11"	8-5/8		4040		450				
7-7/8"	5-1/2		9960		500				
	2-3/8		9852						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

Date First New Oil Run To Tanks 7-23-68	Date of Test 7-23-68	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24 hrs.	Tubing Pressure 175	Casing Pressure	Choke Size 25/64
Actual Prod. During Test 410	Oil - Bbls. 307	Water - Bbls. 103	Gas - MCF 562

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

Carolyn Turner
(Signature)
PRODUCTION CLERK
(Title)
JULY 24, 1968
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY [Signature]
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.