

Operator		Lario Oil & Gas Company	
Address		Box 1209 Odessa, Texas	
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

DESCRIPTION OF WELL AND LEASE

Lease Name STATE "B"	Well No. 2	Pool Name, Including Formation Bar U - Pennsylvanian Undesignated R-3631	Kind of Lease State, Federal or Fee State	Lease No. K3218
Location				
Unit Letter K ; 1980 Feet From The South Line and 2310 Feet From The West				
Line of Section 1 Township 0-S Range 23E , NMPM, 100 County				

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)	
MORIL PIPE LINE COMPANY					Box 900, Dallas, Texas 75221, Don C. Kennedy	
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)	
NONE - Flared					None	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	4	1	20	12		

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

COMPLETION DATA

Completion Data		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Designate Type of Completion - (X)		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
July 17, 1968	10-4-68		9160			9150			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
4410 Gr.	Bough C		9114			9119.93			
Perforations						Depth Casing Shoe			
9128 to 9136 - 8 feet 2 jets per foot						9160			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8" Casing	304 feet	425 sacks, Top cement sur-
11"	9-5/8"	3660 feet	1800 300 sacks top at
7-7/8"	5 1/2"	2160 "	2490
7-7/8"	2-3/8" C. Tubing	9119.93 feet	300 sacks top at

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-7-68	10-20-68	Pump - Robt	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	2350	None	24
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
108 oil + 960 water	108	960	202

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

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.

APPROVED

BY

~~TITLE~~

OIL CONSERVATION COMMISSION

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 allowance 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.