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DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

10-29-68

(Date)

	DISTRIBUTION		ONSERVATION COMMISSI	CIA	Form C-104	
	SANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE	 	AND			
	U.S.G.S.	_ AUTHORIZATION TO TRA	INSPORT OIL AND NAT	FURAL GAS		
	LAND OFFICE	_				
	TRANSPORTER OIL	-				
	GAS	\dashv				
	OPERATOR	\dashv				
I.	PRORATION OFFICE					
	Operator Wildow no Od	1 Company				
	Midwest Ui Address	1 Corporation	· - · · · · · · · · · · · · · · · · · · ·			
	1	Building Midians Ton	as 79701			
	Reason(s) for filing (Check proper box	Building, Midland, Texa	Other (Please ex	olain)		
	, ,		Offier (1 tease ex	olum)	ļ	
	New Well	Change in Transporter of:			·	
	Recompletion	Oil Dry Ga				
	Change in Cwnership	Casinghead Gas Conder	isate			
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, including F	ormation Ki	nd of Lease	J. egge No.	
	Lease Name			nte, Federal or Fee	NM U269264	
	Federal "C"	1 Vada (Penn)		Federal NM 033609	
	Location					
	Unit Letter : 1	.980 Feet From The North Lin	e and <u>1980</u> I	Feet From The	West	
			34 v	7	C	
	Line of Section 31 To	ownship 9-8 Range	34-E , NMPM,	Lea	County	
			.c			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to u	hich approved conv	of this form is to be sent)	
	Name of Authorized Transporter of Ci	_				
	Pan American	- Trucks usinghead Gas X or Dry Gas	P.O. Box 3119. Address (Give address to u	idland, Tex	of this form is to be sent)	
	Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	1		1	
	Warren Petrol	eum Corp.	P.O. Box 1589,	<u>Culsa Oklah</u> When	ота 74102	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	,		
	give location of tanks.	F 31 9-8 34-E	No	AS 800	n as possible	
	If this production is commingled w	ith that from any other lease or pool,	give commingling order nu	mber:		
	COMPLETION DATA				Del Com Broth Diff Books	
	D : T f Clot:	Oil Well Gas Well	New Well Workover	Deepen Plug E	Back Same Resty. Diff. Resty.	
	Designate Type of Completi			-	1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T		
	8-15-68	10-25-68	9830		9806	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubino	g Depth	
	4277.5 GR	Pennsylvanian	9782		9808	
	Perforations	·		Depth	Casing Shoe	
	9782-92 w/2 JSPF					
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
	15"	11 3/4	385		325	
	11 ⁿ	8 5/8	4019		450	
	7 7/8 ⁿ	5 1/2	9830		400	
11.	TEST DATA AND DECLIEST I	FOR ALLOWABLE (Test must be a	ifter recovery of total volume	of load oil and mus	t be equal to or exceed top allow-	
V .	OIL WELL	able for this de	epin or be jor just 24 hours,			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, p	ump, gas lift, etc.)		
	10-25-68	10-25-68	Pump			
	Length of Test	Tubing Pressure	Casing Pressure	Choke	Size	
	24 Hrs.					
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-1	MCF	
	389	200	189		140	
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravi	ty of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	Choke	Size	
	. coming the man but					
		NOT.	011 00	NSERVATION	COMMISSION	
VI.	CERTIFICATE OF COMPLIA	NCE		HOLKVATION	CONTINUOSION	
			APPROVED		, 19	
	I hereby certify that the rules and Commission have been complied					
	Commission have been complied above is true and complete to the	BY A TOTAL				
	and the same complete to the					
			TITY =			
			This form is to b	e filed in complis	ince with RULE 1104.	
	C analy	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.				
	(Sig					
	Production	clerk	All sections of this form must be filled out completely for allow-			
		Title)	All sections of the	is form must be i: mpleted wells.	mied our combinities to mine.	
	40.55.45	/	able 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.