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DISTRIBUTION		CONSERVATION COMMISSION	Form C-104
SANTA FE	1	FOR ALLOWARLE	Supersodes Old C-104 and C-
FILE		AND Q. C.	Effectiva 1-1-65
LAND OFFICE		WEPORT OIL AND NATURAL	GAS
CIL			
IRANSPORTER GAS	-		
OPERATOR			
PRORATION OFFICE			
Operator	17		
CHARLES B. RE	AD		
P. O. Box 212	6 Roswell, New Mexico	88201	
Reason(s) for filing (Check proper be	,	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Cil Dry Go		
Change in Ownership	Casinghead Gas Conder	nsate	
If change of ownership give name			
and address of previous owner			· · · · · · · · · · · · · · · · · · ·
DESCRIPTION OF WELL ANI	LEASE	n a chair an	
Lease Name	Well No. Pool Name, Including F		
Continental-State	2 Vada-Pen	<u>Alexandree</u> State, Feder	ral cr Fee State K-1112
Lecation			
Unit Letter <u>M</u> ; 6	60 Feet From The <u>South</u> Lin	he and <u>660</u> Feet From	The West
Line of Section 7 T	oweship 10S Bange	34E . NMPM.	Lea County
Line of Section T	ownship IUS Range	34E , NMPM,	Lea County
DESIGNATION OF TRANSPOR	RTER OF CIL AND NATURAL GA	15	
Name of Authorized Transporter of C	al 🔀 or Condensate 🗌	Address (Give address to which appr	
Pan American Petroleu	m Corp. (Trucks)	P. O. Box 1725, Midla	
Name of Authorized Transporter of C	asinghead Gas 🔀 🛛 or Dry Gas 🗔	Address (Give address to which appr	
Warren Petroleum Corp. Unit Sec. Twp. Rge.		P. O. Box 1589, Tuls Is gas actually connected?	a, Oklahoma
If well produces oil or liquids, give location of tanks.	C 18 10S 34E	No	15 days
L			
If this production is commingled w COMPLETION DATA	with that from any other lease or pool,	give comminging order number.	
	· (V) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res
Designate Type of Complet	Δ	X	I I I I I I I I I I I I I I I I I I I
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-9-68 Elevations (DF, RKB, RT, GR, etc.)	10-15-68 Name of Producing Formation	9920' Top Oli/Gas Pay	9875'
4201' GL	Bough "C"	9836'	9850'
Perforations		9030	Depth Casing Shoe
9838', 9839', 9840',	9841' & 9842'		9918'
	TUBING, CASING, AND	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	12 3/4"	408 RKB	<u>350 sx</u>
11"	8 5/8"	4010 RKB	<u> </u>
7_7/8''	<u> </u>	9918 RKB 9850	<u>500 sx</u>
TEST DATA AND REQUEST			l and must be equal to or exceed top all
OIL WELL	able for this de	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
10-15-68	10-15-68	Flowing	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
24 hrs Actual Pred. During Test	280#	Pkr. Water-Bbls.	<u>32/64</u> Gas-MCF
521	321	200	200
J21		200	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Contraction ( Church - 4 m )	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore Size
			ATION COMMISSION
CERTIFICATE OF COMPLIANCE		OIL CONSERV	A HON COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation		19
Commission have been complied	with and that the information given	APPROVED	Faren
above is true and complete to t	he birt of my knowledge and belief.	BY	VIII
· ·		TITLE	Le proces
(1)		This form is to be filed in	compliance with RULE 1104.
(Signature)		If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.	
	Title)	able on new and recompleted v	wells.
10-16-68		E Fill out only Sections I	II, III, and VI for changes of owns of the such change of condition

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

(Date)

