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

EW MEXICO OIL CONSERVATION COMMISSIC REQUEST FOR ALLOWABLE AND

Supersedes Old C-104 and C-110

Form C-104 Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE BTA Oil Producers Address 104 South Pecos, Midland, Texas
Reason(s) for filing (Check proper box) **79**701 Other (Please explain) X Change in Transporter of: New Well Recompletion Oil Dry Gas Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Legse No. Well No. Pool Name, Induding Formation . Occar Pennsylvanian Kind of Lease Undesignated Wolf 686 Ltd. State, Federal or Fee 1 Federal - R-7681 660 Feet From The South Line and 660 Feet From The Range 35-E Township 9-S , NMPM, Line of Section Lea County Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701

Address (Give address to which approved copy of this form is to be sent) The Permian Corp. (trucks)
Name of Authorized Transporter of Casinghead Gas K or Dry Gas Box 1589, Tulsa, Oklahoma Warren Petroleum Unit Sec. Rge. Is gas actually connected? If well produces oil or liquids, 9 Approx. 6 35 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well New Well Same Res'v. Diff. Res'v Designate Type of Completion - (X) Date Compl. Ready to Prod P.B.T.D. 12-12-68
Elevations (DF, RKB, RT, GR, etc.) 9800' <u>9788'</u> Name of Producing Formation Top Oil/Gas Pay Tubing Depth 9758' 4218' K.B. Penn 9762 Depth Casing Shoe Perforations 9770-88' W/2 JSPF 9788' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 371' 17-1/2" 12-3/4" 375 SX (Circ.) 8-5/8" <u>11"</u> 4012' 400 SX 5-1/2" 9800' 7-7/8" 300 SX (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) 1-26-69 1-28-69 Pump Casing Pressure Choke Size Length of Test Tubing Pressure 24 Hrs. Water - Bbls. Oil - Bbls. Actual Prod. During Test 294 1275 220 1569 **GAS WELL** Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Length of Test Gravity of Condensate Choke Size Casing Pressure Testing Method (pitot, back pr.) Tubing Pressure OIL CONSERVATION COMMISSION CERTIFICATE OF COMPLIANCE APPROVE hereby certify that the rules and regulations of the Oii Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Date)

Wellsignature, <u>Engineer</u> (Title) 1-31-69

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.