| STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT | | | ~ | form C-1 Revised | |
|---|--|--|-----------------------|---------------------------------------|---------------------------------------|
| | С _ CONSERVA р. о. во: | TION DIVISIO | | | |
| | SANTA FE, NEW | | | | |
| PH.R | | | • | | |
| LAND OFFICE | | | | | |
| AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | |
| Derator OFFICE | | | | | |
| M&G(| Dil, Inc. | | | | |
| P.O. <u>B</u> | | ew Mexico 88114 | | | |
| Reason(s) for filing (Check proper box) New Well | Change in Transporter of: | Other (Please | in ownerst | in only | |
| Recompletion | Oil Dry Gai | | ve 3-1-85 | iip only | |
| Change in Ownership X | Casinghead Gas Conden | | | | |
| If change of ownership give name and address of previous owner | Tenneco Oil Company 799 | 0 IH-10 West S | an Antonio | o, Texas 782 | 30 |
| - | EASE | | | | |
| DESCRIPTION OF WELL AND Lease Name | Well No. Pool Name, Including Fo | ormation | Kind of Lease | | Lease No. NM |
| Wolf Federal | 1 Vada Penn | | State, Federal | or Foo Federal | 0149818 |
| Unit Letter 0 ; 66 | 0Feet From The <u>South</u> Line | e and <u>1980</u> | Feet From T | • <u>East</u> | |
| | mship 95 Range | 35E | Lea | | County |
| | | | L+=rd | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| DESIGNATION OF TRANSPORT | Image: Contract of Condensate Image: Condensate | S Address (Give address) | o which approve | | |
| Amoco Pipeline Comp | 200 West 7th S Address (Give address | Suite 2300 | , Fort Worth, | 76102 Texas | |
| Name of Authorized Transporter of Cas | P.O. Box 1589 | | • | 102 | |
| Warren Petroleum Con If well produces oil or liquide, | Unit Sec. Twp. Rge. | Is gas octually connected | | | <u>+ \/ (, </u> |
| give location of tanks. | B 8 95 35E | Yes | | 1969 | |
| If this production is commingled wit COMPLETION DATA | th that from any other lease or pool, (| | Deepen | Plug Back Same Re | ely Diff Besty |
| Designate Type of Completio | on - (X) Gas Well | New Well Workover | i I | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oll/Gas Pay | | Tubing Depth | |
| | | | | Depth Casing Shoe | |
| Perforations | | | | | |
| | TUBING, CASING, AND | CEMENTING RECOR | | SACKS CE | MENT |
| HOLE SIZE | CASING & LOBING SIZE | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | |
| | | 1 | | | |
| TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be af able for this de; | fter recovery of total volu pth or be for full 24 hours | me of load oil a) | nd must be equal to or | exceed top allow- |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flou | , pump, gas life | , elc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | | Choke Size | |
| | | Water-Bbis. | | Gas - MCF | |
| Actual Prod. During Test | ОЦ-ВЫ. | Waler- Bois. | | | |
| | | | | | |
| GAS WELL | Length of Test | Bbis. Condensate/MMC | F | Gravity of Condensat | • |
| | Tubing Pressure (Shut-in) | Casing Pressure (Sbut | -1n l | Choke Size | |
| Testing Method (pitol, back pr.) | tuping Pressue (2 Put-Tu) | County Flore Land |) | | |
| CERTIFICATE OF COMPLIANC | CE / | OIL C | | ION DIVISION | |
| I hereby certify that the rules and regulations of the Dil Conservation | | APPROVED | MAR 1 | 8 1985 | , 19 |
| Division have been complied with | and that the information given | BY | IGINAL SIGN | | 381 |
| above is true and complete to the best of my knowledge and belief. | | BYORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR | | | |
| | This form is to | This form is to be filed in compliance with RULE 1104. | | | |
| Hum, Mrozsb | If this is a request for allowable for a newly drilled or deepened | | | | |
| (Signalwe) | | tests taken on the well in accordance with NOCL TTT. | | | |
| Vice President (Tille) | | All sections of this form must be filled out completely for allow able on new and recompleted wells. | | | |
| 3-13-85 (Date) | | 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 multiple completed wells. | | | |



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