No. Fit I'M RESEAR DISTRIBUTION NEW MEXICO OIL CONSERVATION COMM Form C =104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE PIERCE & DEHLINGER 201 V&J Tower Bldg., Midland, Texas 79701 cn(s) for filing (Check proper box) Chapter in Transporter of Other (Please explain) Hew Well Change in Transporter of: Oil Recompletion XX Dry Gas Change in Cwnership Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee SHERIDAN VADA PENNSYLVANIAN Location 660 Feet From The South Line and West (/ Unit Letter , Township 9S Range <u>33E</u> , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil X or Condensate Address (Give address to which approved copy of this form is to be sent) Mobil Pipeline Company ne of Authorized Transporter of Casinghead Gas 🛣 P. O. Box 1073, Midland, Texas 79701 ress (Give address to which approved copy of this form is to be sent or Dry Gas P. O. Box 158 Is gas actually connected? Warren Petroleum Company Box 1589, Tulsa, Oklahoma 74102 Rge. Twp. If well projuces oil or liquids, give location of tanks. 13 9 33 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Same Restv. Litt. Bestv. Designate Type of Completion = (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Fool Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Frod. During Test Cil-Bbls. Water-Bbls. Gas-MCF

CAD HELE			
Actual Proi. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
resting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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.

Operator

Nov. 21, 1972

(Title)

OIL CONSERVATION COMMISSION

FEE

NOV 27 1972 Orig. Signed by APPROVED John Ranga BY ...___ Gec!

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 Sections I. II, III, and VI only for changes of well name or number, or transporter or other such change of a new

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

1 2 12.72

OIL CONSENSATION COMM.