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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Midwest Oil Corporation		
Address 1500 Wilco Bldg., Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain) THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Ainsworth "B"	Well No. 1	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fee Fee	Lease No. R-3979
Location Unit Letter G ; 1874 Feet From The North Line and 1874 Feet From The East Line of Section 26 Township 9-S Range 33-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pan American - Trucks		Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102		
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 26	Twp. 9	Rge. 33
	Is gas actually connected?		When Not Yet Seen as possible	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-26-70	Date Compl. Ready to Prod. 4-15-70		Total Depth 9700		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 4323.3 GR	Name of Producing Formation Pennsylvanian		Top Oil/Gas Pay 9652		Tubing Depth 9582				
Perforations 9652-64		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15	11-3/4		300		320				
11	8-5/8		3940		400				
7-7/8	5-1/2		9700		825				
	2-7/8		9582						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

Date First New Oil Run To Tanks 4-15-70	Date of Test 4-15-70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 1003	Oil - Bbls. 105	Water - Bbls. 898	Gas - MCF 91

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

0500 11A

Carolyn Turner
(Signature)

Production Clerk
(Title)

4-15-70
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 17 1970**, 19____
BY **[Signature]**
TITLE **SUPERVISOR DISTRICT**

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.

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APR 16 1970

OIL CONSERVATION COMM.
DOWNS, N. M.

105-100000-100000