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August 12, 1975

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE					1464		FOR ALLOWABLE					Supersedes Old C-104 and C-116			
FILE						AND					Effective 1-1-65				
LAND OFFICE		 		AU	THORIZA	OT NOITA	TRA	NSPORT	OIL AND	NATUR	AL G	AS			
IRANSPORTER	OIL														
	GAS														
OPERATOR OF	FICE	\vdash							-						
Operator	FICE	<u> </u>	<u></u>												
BTA OI	L PR	ODI	UCER	S											
Address			-	63.31	a 1		,,,,,								
104 Sout				<u>/lidl</u>	and, T	exas 7	7970		Other (Pleas	e explain	,				
New Well	X	• **	ĺ	Chan	nge in Trans	sporter of:			CASIN	GHEA	D GA	AS MU			
Recompletion				Oil		\equiv	ry Gas	= 1							
Change in Ownership	₽∐			Casi	nghead Gas	<u>С</u>	onden	sate		SS AN TAINE		EPTIO	N TO	T6-48/	·
If change of owners					THIS W	ELL HAS BI	EEN I	PLACED IN	THE POOL						
and address of prev	/ious ow	ner _			- DESIGN	IATED BELO	W. IF	YOU DO I	NOT CONC	J <u>R</u>					
DESCRIPTION O	F WEL	L AN	ND LEA					R-5	102	1212 2	<u> </u>		·	 -	
Lease Name						Name, Includ					les Fee			Lease No.	
Penn, 7504 Location	7 A - T). 			I Ba	gley, N	orti	1 (Peni	1)				State		
Unit Letter 11	I''		2080	_ Fee	t From The	Sout	h Line	e and	560	: Feet l	From T	he Ea	st		
			X								•		_		
Line of Section	7		Townshi	ip	12-S	Range		33-E	, NMPM	1,	·····	 	Lea		County
DESIGNATION O	FTRA	NSP	ORTFP	OF	OIL AND	NATIRAL	[GA	s							
Name of Authorized					or Condens		- u/1	Address (G	ive address	to which	approve	d copy of	this for	m is to b	e sent)
THE PERMI									Box 118						7001
Name of Authorized						Dry Gas		Address (G	ive address	to which	b µprove	ed copy of	this for	m is to b	e sent)
(Run f			CCOUT			, Inc.) Twp. Rge	e.	Is gas actu	ally connect	ed?	When	1			
If well produces oil give location of tank	•	đ,	! .	I	7	12-S 3			No			ithin	2 wk	s.	
If this production is	s commi	ngled	with th	at fro	m any othe				ngling orde	r number					
COMPLETION D.	<u>ATA</u>		 		Oil Well	l Gas We	ell	New Well	Workover	Deepe	en I	Plug Bgc	k Sam	e Resty.	Diff. Res'
Designate Typ	pe of C	ompl	etion —	(X)	X	4		X	1	!	 	. , 500	!	= . •	1
Date Spudded			Dat	te Con	apl. Ready t			Total Dept	h			P.B.T.D.			-1
7-1-75			_	8-11-75				10,500'				10,384'			
Elevations (DF, RKE 4293 GL	B, RT, G	R, etc	· 1		Producing F nsylvan			Top Oil/Go	as Pay 133'			Tubing D	•		
Perforations			<u>i_r</u>	emi	15 yı van	II a II		7,5	±33	<u> </u>		Depth Ca			
9433' - 1	0,322	21										10,5	001		
						G, CASING,		CEMENT			·				
HOLE 17-1/				CAS		JBING SIZE			DEPTHS			40.		CEME	NT
17-1/	72''				12-3/4 8-5/8		-		3.72	51		40 45			
7-7/8"					5-1/2			10,472'				800			
								<u> </u>			<u></u> i				
TEST DATA ANI	D REQU	UEST	FOR A	ALLC	WABLE				of total volu- full 24 hours		ed oil a	nd must be	equal t	o or exc	eed top allo
OIL WELL Date First New Oil F	Run To T	anks	Dat	te of T	`est	40.0 70 0.0		· · · · · · · · · · · · · · · · · · ·	Method (Flow		gas lift.	, etc.)			
8-11-75			ļ		8-11-7	'5		Pu	mping			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		····	
Length of Test			Tul	oing P	tessure			Casing Pre	esaure			Choke Si	Z●		
24 hr			OIL	- Bbls				Water - Bbls	<u> </u>			Gas - MCI			
250	1 491		"		250			70				20	3		
															
GAS WELL								50 =	1			Coti	10		
Actual Prod. Test-N	MCF/D		Ler	ngth of	; [est			BDIS. Cond	lensate/MMC	Г		Gravity o	. Conde	ne cto	
Testing Method (pite	ot, back	pr.)	Tub	oing P	ressure (Sh	ut-in)		Casing Pre	saure (Shut	-in)		Choke Si	20		
						-									
CERTIFICATE O	F COM	PLI	ANCE						OIL	CONSE	RVA	TION, C	SIMMC	SION	
								APPRO	¥rn -	AL	16 _	5 19	(3	19	
I hereby certify the Commission have t	been co	mplie	d with	and t	hat the in	formation gi	ven	AFFRO			D.		 ام ما	, 13	
above is true and	complet	te to	the bes	st of	my knowle	dge and bel	ief.	BY_	mu i	N	reold	000	<u> </u>		
								TITLE		<u> </u>					
<u> </u>	- 1		A 4	,				Thi	s form is to	be file	d in co	ompliance	with t	RULE 1	104.
Bod	Ne	wh	and		Bob Ne	wland		15 +1	his is a res	uest for	allova	ble for a	newly	drilled	or despend
								well, thi	is form mus ken on the	t be acc well in	ompan accord	ied by a lance wit	tabulat h RUL!	ion of t E 111.	he devist!
Regulato	ry Su		rvisor (Title)	<u></u>				Ali	sections of	this for	m mus	t be fille	d out c	omplete	ly for allo
			1 2 35 6 6 /				3	i chie on	new and re	:combiet	au Wel	. . .			

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

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