NO. OF COPIES RECEIVED	1	.~.				
DISTRIBUTION	4					
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104					
FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65			
U.S.G.S.	AUTHODIZATION TO TO	AND	046			
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND HATURAL	. <b>GAD</b> 7 [ [			
TRANSPORTER OIL	- Comment					
TRANSPORTER GAS	7					
OPERATOR	]					
PRORATION OFFICE						
Operator						
Midwest Oil Corporati	on					
Reason(s) for filing (Check proper box	, Midland, T	Other (Please explain)				
New Well	Change in Transporter of:					
Recompletion	Oil Dry Go	ıs 🔲				
Change in Ownership	Casinghead Gas 🛣 Conde	nsate				
If change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND		ro Including Pagetton	Kind of Lease			
Lease Name	Lease No.   Well No.   Pool Na	me, Including Formation	State, Federal or Fee			
Morgan Federal Tract Location	1 Chav	eroo San Andres	Federal			
Unit Letter; _1980	Feet From The <b>South</b> Lir	e and 1980 Feet Fro	m The East			
Line of Section 27 To	wnship 7-8 Range	33-2 , NMPM, Roo	Sevelt County			
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS				
Name of Authorized Transporter of Oil			proved copy of this form is to be sent)			
Magnolia Pipeline Com Name of Authorized Transporter of Ca	inghead Gas or Dry Gas	Ad Box (9.00 address to which ap	roved copy of this form is to be sent)			
	-	Day 10509				
Capitan Petroleums, I If well produces oil or liquids,	Unit   Sec. Twp. Rge.	Is gas actually connected?	lles, Texas			
give location of tanks.	0 27 7-S 33-R	You	6=10=66			
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:				
	. ,	-				
COMPLETION DATA		<del></del>				
COMPLETION DATA  Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.			
Designate Type of Completion	on – (X)					
		New Well Workover Deepen	Plug Back   Same Restv.   Diff. Restv.   P.B.T.D.			
Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Designate Type of Completion	on – (X)					
Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Designate Type of Completic  Date Spudded  Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.  Tubing Depth			
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Designate Type of Completion  Date Spudded  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN  I hereby certify that the rules and	Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, ANI CASING & TUBING SIZE  OR ALLOWABLE (Test must be a able for this de able for this de Complete de	Total Depth  Top Oil/Gas Pay  CEMENTING RECORD  DEPTH SET  fiter recovery of total volume of load of the pth or be for full 24 hours)  Producing Method (Flow, pump, gas)  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  oil and must be equal to or exceed top allow- lift, etc.)  Choke Size  Gas-MCF  Gravity of Condensate  Choke Size			
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(Signature)	
Production Clerk (Title)	

July 12,1966 (Date)

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.

Name		County		
MIDWEST OI	L CORPUMATION	Address		CityMIDE.AND, TEXAS
Name & No. MORG		Well No.	Per mered co	Survey
		ORD OF INCLE		
	Angle of			Accumulative
Depth (feet)	Inclination (deg	rees) Disp	lacement (feet)	Displacement (feet)
37 <u>1</u> 825	1/2	 	3.92	5.56
1275 1705	3/3	·	5.89 3.7L	11.45
1910	11/4		1.46	19.65
2350 2800	376		7.70	27.35
3105			10.55	51.62
<u>3673</u> 	1/2		2.34 1.84	_53.96 _55.80
1,238	1/2	·· ,	3,07	58.87
<u>l,321</u>	$\frac{1/2}{1/2}$	_	1.01	59.59 60.60
	4	-		
		<u> </u>		**************************************
		<b>-</b>		
	***************************************	-		
		•		
			Total Displac	ement 60.60
Was survey run in Tubin		<b>X</b>	Open Hole	· · · · · · · · · · · · · · · · · · ·
Distance to nearest lead listance to lease lines		feet field rules	feet	
Certification of person	al <b>knowledge I</b> ncli	ination Date		
<u>-</u>				
I hereby certify form, and that such inf	that I have person about the state of the st	onal knowledg	ge of the data a	nd facts placed on this
•			40	्र व
•		3	ismature	
		Ç	ACTES DRILLING	CORPORATION
Operator Affidavit:				
Note: Party making affidavit mu	ist strike out inapplicable	phrases, and mu	st file explanatory stat	ement when applicable.)
Before me, the undersigned a	uthority, on this day, pers	ionally appeared .	1. E. Wil	Tenbuig
known to me to be the person will operator of the well identified in this instrument), and	this implement (that he i	s acting at the di	rection and on behalf of	the operator of the matt
identified in this instrument), and well-was deviated at random for the	e reason described in the s	ittached statement	had then the pertical w	halagever (and that such
		<b>5</b>	THE /	ALL A
		<b>S</b>	ignature and Til	le of Afriant
Sworn and Subscrib	ed to before me, t	his the	6 day of	February
	•			
	. •	•	Verginia (	Franklin
· ·		. The state of the	iotary Public in	and for mille