| NO. OF COPIES RECEIVED | - particular, | | | | | | | |
|--|--|--|---|---|--|--|--|--|
| | | CONSERVATION COMMISSION | ONSERVATION COMMISSION Form | | | | | |
| SANTA FE | REQUEST | AND HOBBS OFFICE C. C | C. Supe | rsedes Old C-104 and C-11 tive 1-1-65 | | | | |
| U.S.G.S. | | | | | | | | |
| LAND OFFICE | | ANSPORT OIL AND NATURAL | '66 ' | | | | | |
| TRANSPORTER OIL GAS | | JUN I II 20 MIL UV | | | | | | |
| OPERATOR | | | | | | | | |
| PRORATION OFFICE | | | | | | | | |
| Operator Midwest Oil C Address | orporation | | | | | | | |
| 1500 Wilco Bu | | Midland, Texas | | | | | | |
| Reason(s) for filing (Check proper b New Well | box) Change in Transporter of: | Other (Please explain) | | | | | | |
| Recompletion | Oil Dry G | Gas | | | | | | |
| Change in Cwnership | Casinchead Gas 📃 Cond | ensate | | | | | | |
| If change of ownership give name | | | | | | | | |
| and address of previous owner | | | | | | | | |
| I. DESCRIPTION OF WELL AN | | ame, Including Formation | Kind of Leas | ndres R-308 | | | | |
| Morgan Federal Tract | | | State, Feder | - | | | | |
| Location | | verco, San Andres ext. | L | <u> </u> | | | | |
| Unit LetterM; | 660Feet From The South L | ine and660 Feet Fro | om The | est | | | | |
| | | | | | | | | |
| Line of Section 13 | Township 7-8 Range | 33-E , NMPM, ROOS | welt | County | | | | |
| DESIGNATION OF TRANSPO | ORTER OF OIL AND NATURAL G | AS | | | | | | |
| Name of Authorized Transporter of | | Address (Give address to which ap | proved copy of thi | s form is to be sent) | | | | |
| Permian Corporation | | P.O. Box 3109 | Midland | | | | | |
| Name of Authorized Transporter of | Casinghead Gas or Dry Gas | Address (Give address to which ap | | | | | | |
| , | Unit Sec. Twp. Rge. | Is gas actually connected? | When | | | | | |
| If well produces oil or liquids, give location of tanks, | Unit Sec. Twp. Rge. | | | | | | | |
| If this production is commingled | with that from any other lease or pool | | | | | | | |
| COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back | Same Res'v. Diff. Res'v. | | | | |
| Designate Type of Comple | | New Well Workover Deepen | Find Pack | Same res v. Lin. Des V. | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | <u> </u> | | | | |
| 5-2-66 | 5-24-66 | 4395 | | | | | | |
| Elevations (DF, RKB, RT, GR, etc | | Top Oil/Gas Pay | Tubing Dept | | | | | |
| 4329.9 GL Perforations | Sen Andres | 4235 | 4216 Depth Casin | g Shoe | | | | |
| 4235-4294 | | | 43 | | | | | |
| | TUBING, CASING, AN | ND CEMENTING RECORD | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SA | | | | | |
| 12 11 | <u> </u> | 363 ' | | 325 250 | | | | |
| 7 7/8" | 4 불기 | 4395' | | 4.29 | | | | |
| | | | | | | | | |
| . TEST DATA AND REQUEST | | after recovery of total volume of load depth or be for full 24 hours) | oil and must be eq | ual to or exceed top allow | | | | |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, ga | s lift, etc.) | | | | | |
| 5-24-66 | 5-25-66 | Flowing | | | | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | | | |
| 5 | 150 | 800 Water-Bbls. | Gas - MCF | /64* | | | | |
| Actual Prod. During Test | Oil-Bbls. | U | | | | | | |
| 52 | 52 | V | <u></u> | • <u></u> | | | | |
| GAS WELL | | | | | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of C | bndensate | | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size | | | | | |
| resting Method (phot, back pr.) | r Awared Etenang | | | | | | | |
| I. CERTIFICATE OF COMPLI | ANCE | OIL CONSER | VATION CON | MISSION | | | | |
| | | | | 10 | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | APPROVED | , 19 | | | | | |
| commission have been complie above is true and complete to | the best of my knowledge and belief | • SY | | | | | | |
| | 1 | TITLE | . A. S | | | | | |
| MCOM | -H. H. | This form is to be filed | | | | | | |
| INP M | Hen Ching | If this is a request for a | llowable for a no | wly drilled or deepened | | | | |
| | Signature) | well, this form must be according tests taken on the well in ac | npanied by a tal | dulation of the deviation | | | | |
| District | Clerk | - All sections of this form | must be filled o | | | | | |
| | (Title) | able on new and recompleted | wells. | | | | | |
| May 31, | 1966 (Date) | Fill out only Sections I well name or number, or trans | I, II, III, and V porter, or other s | I for changes of owner uch change of condition | | | | |
| | 1 47 46 E / | well name or number, or transporter, or other such change of condition. | | | | | | |

| well name or | number, | or tran | sporte | r, or | cther | suc | h cha | nge o | fc | ondition |
|--------------------------|---------|---------|--------|-------|-------|-----|-------|-------|----|----------|
| Separate completed we | Forms | C-104 | must | be | filed | for | each | pool | in | multiply |