NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE AND BS OFFICE O. C. C. Supersedes Old C-104 and C-116 FILE Effective 1-1-65 U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Midwest Oil Corporation Address 1500 Wilco Bldg., Midland, Texas Reason(s) for filing (Check proper box) Other (Please explain) New We'll Change in Transporter of: Recompletion OH Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner H. DESCRIPTION OF WELL AND LEAST Lease Name Well No. Pool Name, Including Formation Kind of Lease Lecse No. State, Federal or Fee <u>Morgan Fereral</u> Tract Federal Chaveroo (San Andres) NM0558287 Location Unit Letter_ _;__660 _ Feet From The <u>South</u> Line and <u>1980</u> _ Feet From The __<u>East</u> Line of Section 73 Township 7-S Range 33-E , NMPM, Roosevelt Address (Give address to which approved copy of this form is to be sent) Mobil Pipeline Company P. O. Box 900, Dallas, Texas ddress (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Cities Service Oil Company Cities Service Bldg Bartlesville Is gas actually connected? When Sec. Twp. P.ge. Unit If well produces oil or liquids, give location of tanks. 133-E 8-13-66 ves If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Oil Well New Well Workover Same Res'v. Diff. Res'v. Plug Back Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKE, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET 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 Cil Eun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water - Bbls. Gas-MCF GAS WELL Actual Prod. Tost-MCF/D Length of Test Bols. Condensate/MMCF Gravity of Condonsate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION hereby certify the 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. ORIGINAL THE COPIES BY. SIGNED I TITLE This form is to be filed in compliance with RULE 1104.

(Signature)

(Title)

(Date)

Production Glerk

June 16, 1967

well, this form must be accompanied by a tabulation of the deviation tests taken on the well in coordance 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 country, well name or number, or transporter, or other such change of condition.

If this is a request for allowable for a newly drilled or despended

County

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