No. OF COPIES PECEIVED DISTRIBUTION W MEXICO OIL CONSERVATION COMMISSIC Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE ī u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE UN 17 3 -0 11:59 OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE 1 Coergion McGrath & Smith, Inc. Address 418 Building of the Southwest, Midland, Texas Reason(s) for filing (Check proper box) Other (Please explain) X New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner U. DESCRIPTION OF WELL AND LEASE Well No., Pool Name, Including Formation Kind of Lease Lease No. State State, Federal or Fee K 5806 Allison, Middle Penn Pan Am State ____Line cmd ____ 990 1980 _ Feet From The _ Unit Letter 36 8-S 35-E Line of Section Township Range , NMPM, Roosevelt County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Attn: D. C. Kennedy Box 900, Dallas, Texas Name of Authorized Transporter of CLL or Condensate Box 900, Dallas, Texas Address (Give address to which approved copy of this form is to be sent) Mobil Pipe Line Co. Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Corp. P. O. Box 1589 Tulsa, Okla. Eqe. Is gas actually connected? , Sec. If well croduces oil or liquids, В 36 8-S -35-E give location of tanks. No Unknown If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Gas Well New Well Plug Back Same Resty. Diff. Resty. Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded 5-12-69 7-14-69 9842 98331 Elevations (DF, RKB, RT, GR, etc.) Tubing Depth Name of Producing Formation Top Oll/Gas Pay Bough C KB 4160, GL 4149 9783 9722 Depth Cosing Shoe Perforations 9788-9711 9842 TUBING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT HOLE SIZE CASING & TUBING SIZE 175" 13-3/8 375 375 Sx. 11 " 500 Sx 8-5/8 4198 5½ 7-7/8" 9842 400 Sx (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) W. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Pump 7-14-69 7-17-69 Choke Size Length of Test Tubing Pressure Cosing Pressure 24 Hrs. Gas - MCR Oil-Bhis. Water - Bbis. Actual Prod. During Test 105 680 154 GAS WELL Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test Choke Size Testing Method (puot, back pr.) Tubing Pressure Casing Pressure -OIL CONSERVATION COMMISSION IL CERTIFICATE OF COMPLIANCE APPROVED 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.

SY_

(Signature) Sup't.

(Title)

(Date)

7-21-69

TITLE _

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.