NO. OF COPIES RECEIVED]				
SANTA FE			ì				
FILE			REQUEST FOR ALLOWAB				
U.S.G.S.			AUTUOD	1747101		AND	
LAND OFFICE			AUTHORIZATION TO TRANSPORT OIL				
TRANSPORTER	OIL						
	GAS						
OPERATOR							
PROPATION OF	ICE						
Operator		 				·····	
Atlant	ic hic	hfield (Company				
Address							
P. O.	Box 19	78, Rosv	rell, Nev	w Mexic	o 8820.	1	
Reason(s) for filing (Check pro	per box)				Other (Ple	
New Well	<u>~</u>		Change in T	ransporter (of:		
Recompletion			Oil		Dry Go	ıs 🔲	
Change in Ownership Casinghead Gas Conde						nsate 🔲	
and address of parv	iou s own	er	er -		· · · · · · · · · · · · · · · · · · ·	(4	
Lease Name	WELLE.	AND LLA		ool Name, I	ncluding F	ormation Chaveron	
Mona Federal			5 Chaveroo San Andres Ext.				
Location			· · · · · · · · · · · · · · · · · · ·				
Unit Letter G	;	1980	_Feet From T	The Nort	h Lin	e and 1980	
Line of Section	17	Township	<u>88</u>	F	Range	33E , NMI	
DESIGNATION OF	TRAN	SPORTER	OF OIL AN	ND NATU	RAL GA	.S	
Name of Authorized 7	Cransporte	r of Oil 🔀	or Cond	ensate 🗀		Address (Give addres	
The Permian Corporation						P. 0. Box 31	
Name of Authorized T	ransporte	r of Casinghe	ad Gas	or Dry Go	ıs 🗀	Address (Give addres	
						Vented tempo	
If well produces oil o		Unit	,	Twp.	Rge.	Vented tempo	
	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PROPATION OFFI Operator Atlant Address P. O. Reason(s) for filing of New Well Recompletion Change in Ownership If change of owners and address of previous DESCRIPTION OFFI Location Unit Letter C Line of Section DESIGNATION OFFI Name of Authorized of The Permit	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Atlantic hic Address P. O. Box 19 Reason(s) for filing (Check provided in Ownership) If change of ownership give and address of previous own DESCRIPTION OF WELL Lease Name Mona Federal Location Unit Letter C Line of Section 17 DESIGNATION OF TRAN Name of Authorized Transporte The Permian Co	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PROBATION OFFICE Operator Atlantic Kichfield (Address P. O. Box 1978, Rosy Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEA Lease Name Mona Federal Location Unit Letter G , 1980 Line of Section 17 Township DESIGNATION OF TRANSPORTER Name of Authorized Transporter of Oil X The Permian Corporatio	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE Operator Atlantic kichfield Company Address P. O. Box 1978, Roswell, New Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership OII Change in Ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Mona Federal Description Unit Letter G 1980 Feet From The Condition of Section Unit Letter G 1980 Feet From Township SS DESIGNATION OF TRANSPORTER OF OIL AND Name of Authorized Transporter of Oil X or Condition Output Designation of Condition	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE Operator Atlantic kichfield Company Address P. O. Box 1978, Roswell, New Mexic Reason(s) for filing (Check proper box) New Well Recompletion Change in Transporter of Oil Castinghead Gas If change of ownership give name and, address of pervious owner DESCRIPTION OF WELL AND LEASE Lease Name Mona Federal Location Unit Letter Unit Letter C , 1980 Feet From The Nort: DESIGNATION OF TRANSPORTER OF OIL AND NATU Name of Authorized Transporter of Oil X The Permian Corporation	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PROBATION OFFICE Operator Atlantic kichfield Company Address P. O. Box 1978, Roswell, New Mexico 8820 Reason(s) for filing (Check proper box) New Well Recompletion Change in Transporter of: Oil Dry Go Casinghead Gas Conde If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Mona Federal Description Unit Letter G 1980 Feet From The North Line of Section Township BESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA Name of Authorized Transporter of Oil The Permian Corporation	

MMISSION Form C-104 Ε Effective 1-1-65

D NATURAL GAS JUN 3 / 21 AH '66 ase explain) *NM-0174830-A R-3080 Lease No. State, Federal or Fee Federal Last Feet From The Chaves County s to which approved copy of this form is to be sent) 19, Midland, Texas
s to which approved copy of this form is to be sent) rarily pending sales outlet When If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) X Χ Χ X Date XXXXX Re-entry started to Compl. Ready to Prod. Total Depth P.B.T.D. May 6, 1966 5-12-66 9040 4331 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 4414 DF San Andres 4234. 4205.33 Perforations Depth Casing Shoe 4234, 4240, 4254, 4260, 4367.57 RKB 4272, 4275 & 4286 w/ 1 3/8" Jet Shot TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 175 3/8 5/8 392.55 50 (Set in 1965 II 3569.58 835 (Set in 1965) 4 1/2 7 7/8 4367.57 250 2 3/8" 4205.33 V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) May 12, 1966 5-31-66 Pumping Length of Test Tubing Pressure Casing Pressure Choke Size 24 hours Oil - Bhla. Actual Prod. During Test Woter - Bhis Gas - MCF 27 Not measured GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION 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. 8¥ TITLE This form is to be filed in compliance with RULE 1104. A. D. Kloxin If this is a request for allowable for a newly drilled or deepened

Production & Drilling (Title) 1966 June 2, (Date)

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