District I PO Box 1980, Hobbs, NM 88241-1980 District II			E			aral Resources Department Revised February 10, 1 Instructions on b					Form C-104 I February 10, 1994 Instructions on back
N Drawer DD, Artenia, NM 88211-0719 District III			· O								
1000 Rio Brazos Rd., Aztec, NM \$7410				PO Box 2088 Santa Fe, NM 87504-2088					5 Copies		
District IV PO Box 2083, S	anta Fe, Nh	4 87504-2088									MENDED REPORT
I.	R	EQUES				) AU	THORI	ZATI	ON TO TR		
			•	ne and Address					025797	<sup>3</sup> OGRID Nu 7	mber
		ian Reso Box 590	ources, I	nc. DBA	Permian	Part	tners,	Inc.		Resson for Fil	ing Code
			xas 79702	2					CO - E1	fective	Feb. 1, 1996
• • •	PI Number				* Pr	ol Name		1	<u> </u>		' Pool Code
30 - 0 05			Tobac	Pennsylv						5935	
008	roperty Cod	•	Garret	son	' Proj	serty Na	me			1	'Well Number
		Location		.3011							
Ul or lot no.	Section	Township		Lot.Ida	Feet from t	he	North/Sou	th Line	Feet from the	East/West li	ne County
A	25	8S	32E		660		Nor	th	660	East	Chaves
UL or lot no.	· · · · · · · · · · · · · · · · · · ·	Hole Lo		Lot Idn	Feet from	<b>4 b c</b>	North/Sou	ab K-a	Feet from the	East/West li	De County
UL OF ICK BG		Townsail	, Kinge		FOL IFOL	LAC	Nonurae		rec nom me		
12 Lae Code	<sup>D</sup> Produ	cing Method (	Code 14 Gas	Connection Dat	Le 15 C-1	29 Perm	it Number	1	* C-129 Effective	Date "	C-129 Expiration Date
F		P		3/25/65					<u></u>		
III. Oil a		Transpo	" Transporter			11 000		<sup>21</sup> O/G	· · · · · · · · · · · · · · · · · · ·	" POD ULST	P Loudin
OGRI			and Addre			" PO	0	- 0/6		and Descr	
020445			ck Permia	an Corp.	2	20728	10	0			
A CONTRACTOR OF THE OWNER OF THE	27 N 28		ox 4648 n, Texas	77210	Sugar		**************************************	an a			
024650		Warren	Petrole		2	20728		G			
			ox 1589 OK. 741(	02							
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Contraction of the second	and family							S			
	2010-00-000			<u></u>							
deb ressiver to 2 at th					Newskow	*****		NA: SONA			
		•			Net State	· · · · · · · · · · · · · · · · · · ·	in in the second se				
IV. Proc	POD	/ater			24	POD U	LSTR Local	ion and	Description	<u></u>	
2072						102 0					
V. Well	Compl	etion Da	ta						<u></u>		
<sup>II</sup> S	pud Date		<sup>24</sup> Ready I	Date		" TD			" PBTD		<sup>21</sup> Perforations
	" Hole Si		31	Casing & Tubi	na Sire		4	Depth S	-		Sacks Cement
		<u></u>		Canning or 1901				рерод з		<u>_</u>	
											· · · ·
VI. Wel		Data									
" Date	New Oil	<sup>34</sup> Gad	Delivery Date	* T	est Date		" Test Le	ngth	<sup>34</sup> Tbg. 1	TCONTE	" Cag. Pressure
" Cho	ake Size	_	41 Oil		Water		4 Gas			OF	4 Test Method
			Dil Conservation				01		ONSERVAT		VISION
knowledge an			$\gamma \gamma_{\prime}$		n h	( 	~		AUSIGER VAL		
	Approved by: DISPETCH I SUCCEPTER										
Printed name	Robert H. Marshall										
	ce Pres	ident	····			Аррго	vai Date:				FEB 68 285
	-2-96			915-685-0		L					
" If this is a	change of	operator fill l	n the OGRID n	umber and nam	e of the prev	ious epa	rator				
1	Previou	s Operator S	ignature			Pria	ted Name			Title	- Date -

Nes	$\mathcal{P}$
/ (	/

Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Antesia, NM 88210 <u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 I.	Energy, Mineral	SERVA' P.O. Bo , New Me	ral Resource TION D x 2088 xico 87504 LE AND A	IVISION 1-2088 UTHORIZ	N ATION S	21.1	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
Operator			n Partne		Well A		5-10090
Permian Resour	rces, Inc., d/b/a		<u></u>				
P. O. Box 590 Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change in Transpo Change in Transpo Oil Dry Ga Casinghead Gas Conder	orter of:	0702 Other	(Please explain	n)		
If change of operator give name and address of previous operator Earl	R. Bruno Company	<u>, Р.</u>	O. Box	590	_Midlan	d, TX	79702
II. DESCRIPTION OF WELL Lease Name Unit Letter	Well No. Pool N	varme, Includir	Remation Kenne Seth Line	sylvar and _66	Ua Siste, (	f Lease rederation Fee	Fast, Line
Section 25 Townshi	ip <u>85</u> Range	- Jat	, NM	IPM,	nau	es	County
If well produces oil or liquids, give location of tanks.	phead Gas or Dry MC, Unity Sec. Twp. 1 (7) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5	Gas C	Address (Give Address (Give 10200 (- Is gas actually -	address 10 whi r 10 an connected?	igh approved	copy of this 1 Cd. WO	orm is to be sent) 5221 form is to be sent) Odlando IX 7738 5/65
If this production is commingled with that	from any other lease or pool, gi	ive commingli	ing order numb	er:		······································	1
IV. COMPLETION DATA			New Well		Deepen	Plug Back	Same Res'v Diff Res'v
Designate Type of Completion			Total Depth			P.B.T.D.	
Date Spudded					·······		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	n	Top Oil/Gas P	2 y		Tubing Dep	5 <b>Ch</b>
Perforations		<u></u> —	<u> </u>			Depth Casin	ng Shoe
	TUBING, CAS	ING AND	CEMENTIN	IG RECORI		<u> </u>	
HOLE SIZE	CASING & TUBING	SIZE		DEPTH SET			SACKS CEMENT
				<u></u>			
V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank	ST FOR ALLOWABLE recovery of total volume of load Date of Test	E I oil and must	Producing Me		wable for thi mp, gas lift, e	s depth or be	
Length of Test	Tubing Pressure		Casing Pressu	re			
Actual Prod. During Test	Oil - Bbls.		Water - Bols.			Gas- MCF	
GAS WELL			Bbls. Conden	sate/MMCF		Gravity of	Condensate
Actual Prod. Test - MCF/D	Length of Test					Choke Size	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressu	ne (Shut-in)			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	lations of the Oil Conservation t that the information given abo		Date	DIL CON Approver	JUN 1	6 1993	
Signature Randy Bruno Printed Name May 17, 1993	<u>President</u> ۲۱۵۰ 915/685-01	13	11	52 CO 1 CO S			
Date	Telephone	No.				n ah iyo a sa shi	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I. Operator Earl R. Bruno Address P.O. Box 590 M	OIL ( S REQUEST F TO TR Co.	Minerals and Nat CONSERVA P.O. B anta Fe, New M OR ALLOWAR ANSPORT OIL	ATION I ox 2088 exico 8750 BLE AND /	DIVISIO 4-2088 AUTHORIZ	N ZATION AS	ФІ No. DD5-10	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name	Change i Oil Casinghead Gas	n Transporter of: Dry Gas Condensate P.O. Box 59		r (Please expla			
and address of previous operator Ear		P.U. DUX 33		<u>u, iexas</u>	19102		
II. DESCRIPTION OF WELL A Lease Name Garretson Location Unit Letter <u>A</u>	well No. 	Feet From The	lorth Line	,	State(	of Lease Federal or Fee et From The	Lease No. N/11 -0.267786 EQ57 Line
Section 25 Township	<u>, 85</u>	Range 32	<u>E, nr</u>	<u>1pm, (</u> )	naves		County
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil McDil Pipeline Company Name of Authorized Transporter of Casing Trident NGL Inc If well produces oil or liquids, give location of tanks.	or Conde		Address (Give P.O. BO Address (Give 10200 (	K 2080 address 10 wh SrDGan M	Dall	as, TX. copy of this for WMTA	m is to be sent) 7522 m is to be sent) MOS N. 7736 55
If this production is commingled with that f	rom any other lease of	pool, give comming	ling order numb	er:			
IV. COMPLETION DATA	Oil We	I Gas Well	New Well	Workover	Deepen	Plug Back S	Same Res'v Diff Res'v
Designate Type of Completion - Date Spudded	- (X) Date Compl. Ready I	o Prod.	Total Depth			P.B.T.D.	I
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	ormation	Top Oil/Gas I	ay		Tubing Depth	
Perforations		,, <u></u>				Depth Casing	Shoe
HOLE SIZE		, CASING AND UBING SIZE		IG RECOR	D	SA	ACKS CEMENT
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE			· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of total volume Date of Test	of load oil and must	be equal to or Producing Me	exceed top allo thod (Flow, put	wable for this mp, gas lift, e	depth or be for tc.)	r full 24 hours.)
Length of Test	Tubing Pressure		Casing Pressu	re		Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	. <u></u>		Gas- MCF	
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	ate/MMCF		Gravity of Co	ndensale
Testing Method (pilot, back pr.)	Tubing Pressure (Shu	u-in)	Casing Pressu	re (Shut-in)		Choke Size	
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of my k	ations of the Oil Conse hat the information give	rvation					DIVISION
Kundy Brune	<del>}</del>		By		916 NGO P	Y JERRY SE	XION
Signature Randy Bruno	Pro	<u>d. Mgr.</u> Tille		68	TRICT 1 34	PERVISOR	
Printed Name 11/4/92 Date		ephone No.					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Kequest for anowable for hearly classe of dependence of anomalies of anomalies of anomalies of the section with Rule 111.
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Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210		OL CO	nerals and NSEF P.	i Natur RVA O. Boy		es Departmen IVISION 4-2088			Form C-104 Revised 1-1 See Instruct at Bottom of	-89 Lions
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQUE	ST FOF	R ALLO		LE AND A AND NAT	UTHORIZ URAL GA	ATION S	PI No.		·
Operator Earl R. Bruno										
Address P. O. Box 590, Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead L. Ing	Change in Tr D Gas C ram P.	Dry Gas Condensate			r (Please explai well, NM	n) 88202			
Lease Name		Well No.   P	Pool Name,	Includin	g Formation ylvania	. <u></u>		f Lease Federal OF X	Leas NM-026	e No. 7786
Garretson	l_		IODAC I							
Unit LetterA	:660	F	Feet From 7	The <u>No</u>	orth	and	Fee	et From The	East	Line
Section 25 Township	8-S	F	Range	32E			Chaves			County
				JATIK	RAL GAS					
III. DESIGNATION OF TRAN	K	or Condensa			Address (Giv	e address to wh	ich approved	copy of this for	m is to be sent,	
Mobil Pipeline Company Name of Authorized Transporter of Casing	head Gas		or Dry Gas		Address (Giv	e address to wh	ich approved	copy of this for	m is to be sent,	
Cities Service Tride	t N	GLA	nc	Pag	ls gas actuall	v connected?	When	?		
If well produces oil or liquids, give location of tanks.	Unit G	Sec.  1 25	Twp.   85	<b>Rge.</b> 32E	-	es	L	3/25/65		
If this production is commingled with that i	rom any othe	r lease or po	ool, give co	ommingli	ing order num	ber:				
IV. COMPLETION DATA		Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Designate Type of Completion	- (X) Date Comp	Ì			Total Depth	I	L	P.B.T.D.		
Date Spudded						~~~~···				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	mation		Top Oil/Gas	Pay		Tubing Depth		
Perforations	<u> </u>				l	<u> </u>		Depth Casing	Shoe	
					CEMENTI	NG RECOR	D		ACKS CEME	
HOLE SIZE	CAS	SING & TUE	BING SIZE	Ξ		DEPTH SET		5/	ACKS CEMEI	¥1
						<u></u>				
V. TEST DATA AND REQUES	ST FOR A	LLOWA	BLE		.1				- 6.11.2.6 hours	•
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes	tal volume o	of load oil d	and must	be equal to o Producing N	ethod (Flow, pu	ump, gas lift, i	eic.)	, jui 14 1003	·/
Length of Test	Tubing Pre	ssure			Casing Press	ure		Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbli	L.		Gas- MCF		
GAS WELL	_!								,	
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of Co	ondensale	
Testing Method (pitot, back pr.)	Tubing Pre	ssure (Shut-	·in)		Casing Pres	sure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	lations of the that the info	Oil Conserv mation give	vation	E		OIL CON e Approve			ាក	
Signature Randy Bruno	NO Product	ion Mar				<u></u>		<b>Orig, S</b> Paul Gao	Kautz	
Printed Name Oct. 30, 1991	91	5-685-0	Title 0113		Title	)			1921st	
Date		Tele	phone No.							

4 1

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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

	•			
Í	NO. OF COPIES RECEIVED			
	DISTRIBUTION SANTA FE			Form C-104 Supersedes Old C-104 and C-110
	FILE		FOR ALLOWABLE AND	日日日日 G 信用ective Inl-66 。
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURA	L. ANS20 11 an AMAGA
	LAND OFFICE			CON 20 11 34 AM '6/
	GAS			
-	OPERATOR PRORATION OFFICE			
I.	Operator			
	Tom L. Ingram Address	,		
	P. 0. Box 1757 - Roswe	II, New Mexico		
	Reason(s) for filing (Check proper box)		Other (Please explain)	of Bluitt Gasoline Plant
	New Well	Change in Transporter of: Oil Dry Gas	Eren fanten	Inc. by Citles Service
	Change in Ownership	Casinghead Gas 🗶 Conden	sate 🗌 011 Co.	
	If change of ownership give name			
	and address of previous owner			
II.	DESCRIPTION OF WELL AND L Lease Name	Well No. Pool Nan	ne, Including Formation	Kind of Lease
	Gerretson Location	1 Tobec	- Pennsylvanian	State, Federal or Fee <b>Federal</b>
	Unit Letter	SFeet From TheNorthLine	e and Feet F	rom The East
		۵۴	32-E , NMPM, CI	NEVOS County
	Line of Section 49 , Tow	mship <b>0=3</b> Range	, 1407 lot,	
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	CER OF OIL AND NATURAL GA	S Address (Give address to which a	approved copy of this form is to be sent)
		Tere To		
	Name of Authorized Transporter of Cas Cities Service OII Co.		Address (Give address to which of Bertlesville, Okla	approved copy of this form is to be sent)
		Unit Sec. Twp. Rge.	Is gas actually connected?	When
	If well produces oil or liquids, give location of tanks.	G 25 8-S 32-E	Yes	March 25, 1965
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number	
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
			CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of loa pth or be for full 24 hours)	d oil and must be equal to or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, )	gas lift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Length of Test			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
	GAS WELL		Dub Contracto AMCE	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
* . *				RVATION COMMISSION
VI.	CERTIFICATE OF COMPLIAN	CE		
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	APPBOVED	, 19
	above is true and complete to the	best of my knowledge and belief.	BY	
	1		TITLE	
۰.	- 1- 7	byco in		d in compliance with RULE 1104.
	Jon 1	ature)	well this form must be acc	allowable for a newly drilled or deepened companied by a tabulation of the deviation
	Owner (Orga		tests taken on the well in	accordance with RULE 111. m must be filled out completely for allow-
	(Ti June 16, 1967	tle)	able on new and recomplet	ed wells.
		ate)	Fill out Sections I, I well name or number, or tran	i, III, and VI only for changes of owner, asporten or other such change of condition.

Fill out Sections I, II, III, and VI only 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.

NO. OF COPIES RECEIVED         DISTRIBUTION         SANTA FE         FILE         U.S.G.S.         LAND OFFICE         I RANSPORTER         OIL         GAS         OPERATOR         PRORATION OFFICE         Operator         Address         P. O. Box         Reason(s) for filing (Check proper box         New Well         Hecompletion         Chinge in Ownership         If change of ownership give name and address of previous owner	REQUEST AUTHORIZATION TO TRA	IS Change in Pool 9 Undes ignated to	· · · · · · · · · · · · · · · · · · ·			
II. DESCRIPTION OF WELL AND	TEASE					
Lease Name Gerretson Location	Well No. Pocl Na:	me, Including Formation <b>C-Penney Ivan lan</b> ne and660 Feet From	Kind of Lease State, Federal or Fee <b>Federal</b> The <b>East</b>			
Line of Section <b>25</b> , To	ownship <b>8-5</b> Range	32-E , NMPM, Cha	VOS County			
III DESIGNATION OF TRANSPOR	TER OF OUL AND NATURAL GA	IS				
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of O. Magnolia Pipeline Comp		Address (Give address to which appro Box 900, Dellas, Texes				
Name of Authorized Transporter of Co	asinghead Gas 🙇 or Dry Gas 🛄	Address (Give address to which approved copy of this form is to be sent)				
Cepitan, Inc. Bluitt G	asoline Plant Unit Sec. Twp. Rge.	Box 6598, Dellas, Texu Is gas actually connected? Wh				
give location of tanks.	G 25 8-S 32E	Yes	Herch 25, 1965			
If this production is commingled w IV. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:				
Designate Type of Complet	ion = (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
Perforations			Depth Casing Shoe			
Periorations						
HOLESIZE	CASING & TUBING SIZE	ID CEMENTING RECORD				
V. TEST DATA AND REQUEST I OIL WELL	able for this de	epth or be for full 24 hours)				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	jį, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod, During Test	Cil-Bbls.	Water - Bbls.	Gas-MCF			
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
VI. CERTIFICATE OF COMPLIAN			ATION COMMISSION			
Commission have been complied	regulations of the Oil Conservation with and that the information given he best of my knowledge and belief.	APPROVED, 19				
	× · · · · · · ·		compliance with RULE 1104.			
marthas	hature)	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 allow-				
<u> </u>	lerk					
	fitle)	able on new and recompleted we Fill out Sections I, II, III,	ells. , and VI only for changes of owner,			
May 5, 196	Jate)	well name or number, or transpor	ter, or other such change of condition.			

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

NO. OF COPIES RECEIVED						
DISTRIBUTION		CONSERVATION COMMISSION				
SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1			
FILE		AND	Effective 1-1-65			
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS			
			1			
IRANSPORTER GAS						
OPERATOR						
I. PRORATION OFFICE						
Tom L. I	ngram					
Address		•				
P. U. BO Reason(s) for filing (Check proper b	x 1757 - Roswell, New Mex	Other (Please explain)				
New Well	Change in Transporter of:		• • • • • • • • •			
Recompletion	Oil 🗶 Dry G	transporter of	s connected and show			
Change in Ownership	Casinghead Gas Conde	ensate	7a 2			
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL ANI	) LEASE					
Lease Name	Well No. Pool No.	ame, Including Formation	Kind of Lease			
Garretson Location	I Tob	ac Pennsylvanian	State, Federal cr Fee Federal			
	50 Feet From The North Lin	re and 660 Feet From	The East			
om Letter///	reet from the Li	ne and <b>GDU</b> Feet From	a The <b>COOL</b>			
Line of Section <b>25</b> , T	ownship <b>8-S</b> Range	32-E , <sub>NMPM</sub> , Ch	BV@S County			
I DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	A 6				
Name of Authorized Transporter of C	al 🗙 or Condensate 🗌	Address (Give address to which appr	oved copy of this form is to be sent)			
Magnolia Pipeline Comp	sany	Box 900, Dallas, Texas				
Capitan, inc. Bluitt (	asinghead Gas 🗶 or Dry Gas 🗌	Address (Give address to which approved copy of this form is to be sent) Box 6598, Dallas, Texas				
If well produces oil or liquida,	Unit Sec. Twp. Rge.	Is gas actually connected? When				
give location of tanks.	G 25 8-S 32-E	Yes /	March 25, 1965			
	with that from any other lease or pool,	give commingling order number:				
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v, Diff. Res'v			
Designate Type of Complet		New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
Perforations			Depth Casing Shoe			
	TUBING, CASING, ANI	D CEMENTING RECORD				
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load of	l and must be equal to or exceed top allow			
OIL WELL	able for this de	epth or be for full 24 hours)				
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
			ordering of condensate			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
I. CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	ATION COMMISSION			
I hereby certify that the rules and	regulations of the Oil Conservation	APPRØVED				
Commission have been complied	with and that the information given e best of my knowledge and belief.					
above is the and complete to th	to best of my knowledge and belief.	BY				
		TITLE				
		This form is to be filed in	compliance with RULE 1104,			
marche	hature)		wable for a newly drilled or deepened			
	erk	tests taken on the well in acco	anied by a tabulation of the deviation rdance with RULE 111.			
	itle)		ast be filled out completely for allow-			
March 22, 1965		able on new and recompleted w Fill out Sections I. II. III.	ells. , and VI only for changes of owner,			
	ate)		ter, or other such change of condition.			

well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply