REQUEST FOR ALLOWABL LE Si.G.S. AND OFFICE	Lease No. County be sent)
AND OFFICE IRANSPORTER OIL PROPATION OFFICE OPERATOR Petroleum Reserve Corporation Address 4815 S. Harvard, Suite #305, Tulsa, Okla. 74135 3096 Resson(s) for filing (Check proper box) Lew Well Change in Transporter of: Casinghead Gas Condensare If Change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Rector Lease Name Rector Lease Name Rector Location Unit Letter D: 660 Feet From The West Line of Section 8 Township 9S Ramae 30 E NMPM, Chaves, Name of Authorized Transporter of Oil Condensare Norse of Authorized Transporter of Oil Condensare Discondensare Norse of Authorized Transporter of Casinghead Gas or Dry Gas Norse of Authorized Transporter of Casinghead Gas or Dry Gas Norse of Authorized Transporter of Casinghead Gas or Dry Gas Norse of Authorized Transporter of Casinghead Gas or Dry Gas Norse of Authorized Transporter of Casinghead Gas or Dry Gas If twell produces oil or liquide, give location is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Recdy to Prod. Total Depth P.B.T.D.	Lease No. County be sent)
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Operator	County be sent)
Petroleum Reserve Corporation Address 4815 S. Harvard, Suite #305, Tulsa, Okla. 74135 3096 Reason(s) for filing (Check proper box) : ew We!!	County be sent)
Address Also S. Harvard, Suite #305, Tulsa, Okla. 74135 3096 Recson(s) for filing (Check proper box) : ew Well	County be sent)
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1 10/0/95	
12/9/75 12/30/75 3360 3216	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth	
4036.3 GR San Andres 3239	
Perforations Depth Casing Shoe	
3239-55; 3259-58; 3273-83; 260 Les/ft. 3364	
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEME	
124" 85/8" SACKS CEME 325 SXS.	
$7.7/8''$ $4\frac{1}{2}''$ 3364 250 sxs.	
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or excable for this depth of be for full 24 hours)	eed top allou
Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)	
12/26/75 1/18/76 Pump	
Length of Test Tubing Pressure Casing Pressure Choke Size	
24 hours Actual Prod. During Test Oil-Bbis. Water-Bbis. GrandSE	
Gran Mich	
27 bo 27 bo 10 bw TSTM	
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)	
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	
OTE CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation APPROVED JUN 15 1983	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	

(Signature)

(Title)

(Date)

Frank Sarmann, Engineer

June 1, 1983

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR 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.