

INCLINATION REPORT

OPERATOR Petroleum Reserves Corporation ADDRESS 4815 S. Harvard, Suite 305, Tulsa, Okla. 74135
 LEASE Rector WELL NO. 1 FIELD _____
 LOCATION NW/NW Sec. 8, T-9S, R-30E, Chaves County, New Mexico

Depth	Angle Inclination (degrees)	Displacement	Displacement Accumulated
325	1/4	1.4300	1.4300
820	1/4	2.1780	3.6080
1281	1/2	4.0107	7.6187
1750	1/2	4.0803	11.6990
1800	3/4	0.6550	12.3540
2263	3/4	6.0653	18.4193
2445	3/4	2.3842	20.8035
2895	3/4	5.8950	26.6985
3035	1	2.4500	29.1485
3176	1	2.4675	31.6160
3336	1	2.8000	34.4160

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Cactus Drilling Company

R. J. Owings
 Title: Asst. Drlg. Supt.

Affidavit:

Before me, the undersigned authority, appeared R. J. Owings known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

R. J. Owings
 (Affiant's Signature)

Sworn and subscribed to in my presence on this the 27th day of January 19 76.

James E. Murphy
 Notary Public in and for the County
 of Lea, State of New Mexico

MY COMMISSION EXPIRES 3-1-76

Seal

DISTRIBUTION			
ANTA FE			
ILE			
S.G.S.			
AND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-65

I. Operator
Petroleum Reserve Corporation
Address
4815 So. Harvard, Suite 305, Tulsa, Ok 74135
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (If Casinghead Gas MUST NOT BE
FLARED AFTER 4-2-76
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rector Well No. 1 Pool Name, Including Formation San Andres Kind of Lease Fee Fee
Location
Unit Letter D 660 Feet From The West Line and 660 Feet From The North
Line of Section 8 Township 9S Range 30 E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
Box 3119, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit D Sec. 8 Twp. 9 S Rge. 30 E Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
XX	XX		XX					
Date Spudded 12/9/75	Date Compl. Ready to Prod. 12/30/ 75	Total Depth 3360	P.B.T.D. 3216					
Elevations (DF, RKB, RT, GR, etc.) 4036.3 Gr	Name of Producing Formation San Andres	Top Oil/Gas Pay 3239	Tubing Depth					
Perforations 3239-55; 3259-68; 3273-83. 260 lbs/ft			Depth Casing Shoe 3364					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	85/8"		325		225 Sacks			
7 7/8"	4 1/2"		3364		250 Sacks			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)


Date First New Oil Run To Tanks 12/26/75	Date of Test 1/18/76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 27 bo	Oil-Bbls. 27 bo	Water-Bbls. 10 bw	Gas-MCF TSTM

GAS WELL

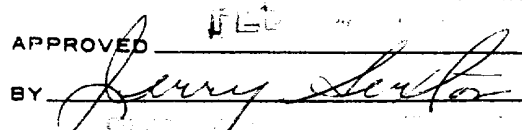
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.


(Signature) Frank M. Sanmann
Engineer
(Title)
January 28, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED  19
BY
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 well in multiple.