\_\_10/20/80\_\_\_

(Date)

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE OIL	REQUEST	CONSERVATION COMSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
i.	OPERATOR PROPATION OFFICE Operator				
	Western Reserves Oil Company				
	Address P. O. Box 993, Midland, TX 79702				
	Reason(s) for filing (Check proper box	Reason(s) for filing (Check proper box)  New Well  Change in Transporter of:  CASINGHEAD GAS MUST NOT THE			
	New We!1 X	Change in Transporter of:  Oil X Dry Go	PLAKED AFT	EN 2/12/80	
	Change in Ownership Casinghead Gas Condensate Condensat				
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND LEASE $R-4536$				
	Lease Name RMM	Well No. Pool Name, Including F	<b>1</b>	Lease Ito.	
	Location	1 Tom-Tom (Sa	an Andres)   State, Fede	eral or FeeFee	
Unit Letter P; 330 Feet From The South Line and 660 Feet From The East				m The <u>East</u>	
	Line of Section 29 Too	waship 7S Range 3	31E , NMFM, Ch.	aves County	
m.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA		roved copy of this form is to be sent)	
•	Navajo Refining Company		Box 159, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)		
	Name of Authorized Transporter of Car	singhead Gas [ or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent;	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. 0 29 7S 31E	Is gas actually connected?	When	
247		th that from any other lease or pool,			
14.	Designate Type of Completion	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded 9/28/80	Date Compl. Ready to Prod. 10/12/80	Total Depth 4050	P.B.T.D. 4003	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
	GR 4296.4'	San Andres	3787' Total 21 shots.	3633 Depth Casing Shoe	
			(3); 3828-36' (9);	4050'	
	110, 5 6175	TUBING, CASING, AND	D CEMENTING RECORD  DEPTH SET	SACKS CEMENT	
	HOLE SIZE	8 5/8"	1361'	650	
	7 7/8"	4 1/2"	4050'	200	
		4 1/2	1 4030	300	
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)				
	Date First New Oil Run To Tanks 10/12/80	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
	Length of Test	10/13/80 Tubing Pressure	Flow Casing Pressure	Choke Size	
	24 hrs	50 psi	Water - Bbls.	20/64" Gas-MCF	
	Actual Prod. During Test 83 bb1s	83	0	5.2	
	CACHETY				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
İ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED . 19		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Verkey Sehlow		
	2001. 12 the sample to the other of my knowledge and better		SUPERIOR		
	1 11		TITLE  This form is to be filed in compliance with AULE 1104.		
	Clery tranklis		of this in a request for allowable for a newly drilled or deepensd		
•	(Signa	iture)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Agent	let	All sections of this form must be filled out completely for allow-		

able 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.

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On comparison in the Day