NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-116 Effective 1-1-65 REQUEST FOR ALLOWABLE FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL IRANSPORTER GAS OPERATOR PRORATION OFFICE Imperial American Management Company 215 Mid America Bldg. Midland, Texas
Reason(s) for filing (Check proper box) 79701 Other (Please explain) New Well Change in Transporter of: X Dry Gas Recompletion Condensate Change in Ownership Casinahead Gas If change of ownership give name and address of previous owner ____ A Bladisia II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation lell No. State, Federal or Fee Maxwell 1 Bronco W. Wolfcamp 1980 Feet From The West 1980 Feet From The North Line and Township 13 S Range 38 E 6 , NMPM, Line of Section Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 🔀 Phillips Petroleum

Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Bldg., Odessa Texas 79760 address (Give address to which approved copy of this form is to be sent) P. O. Bo Tulsa, Okla Warren Petroleum Company Box 1589, 74101 If well produces oil or liquids, give location of tanks. 6 138 N 38E Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Resty. Diff. Resty. New Well Workover Deepen Oil Well Designate Type of Completion - (X) Y P.B.T.D. Date Compl. Ready to Prod. Total Depth 2/7/77 W.O. 2/7/77 W.O. 12,235 Top Oil/Gas Pay Tubing Depth 500 Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 16 1/2" 11 3/4" 376' 510 1/4" 8 5/8" 4550' 16 425 7/8" 5 1/2" 12 ,229 1200 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Pump 3/19/77 4/3/77 Choke Size Tubing Pressure Casing Pressure 24 Water - Bbls. Actual Prod. During Test Ott-Bble. 16.7 27 TR 27 **GAS WELL** Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation

Commission have been co- above is true and complete	mplied with and that the information giver to the best of my knowledge and belief.
K. S. Di	weither
	(Signature)
Agent	
	(Title)
4/21/77	
	(Date)

APPROVED र प्रदास 👬 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 pool in multiply

AND THE STATE OF STATE

RECEIVED

APT. 221977