NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104	n C-104	
SANTA FE	RECHEST FOR ALLOWARI FOR 2 Supersedes Old C-104 and C-1		
FILE	REQUEST FOR ALLOWABLE 083S CFF CE 0, C, effective 1-1-65		
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE			
I BANGBORTER OIL			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
Midwest 0:	Corporation		
Address			
1500 Wilco	Bldg., Midland, Texas		
Reason(s) for filing (Check pro			
New We!l	Change in Transporter of:		
Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Condensate		
f change of ownership give r			
and address of previous owne			
DESCRIPTION OF WELL	ND I FACE		
Lease Name	Lease No. Well No. Pool Name, Including Formation Kind of Lease		
State "D"	0G 5343 2 Nencubre - Lower Penn State, Federal or Fee Sta		
Location	As 2242 2 Memorate a South Leur	15-6	
_	666 Nambh 1866		
Unit Letter <b>C</b> ;	Feet From The <b>Korth</b> Line and <b>1980</b> Feet From The <b>Nest</b>		
	m v 15 m NADA	County	
Line of Section 32	Township 13-8 Range 34-8 , NMPM,	County	
DESIGNATION OF TRANS Name of Authorized Transporte	ORTER OF OIL AND NATURAL GAS of Oil or Condensate Address (Give address to which approved copy of this form is to be so	ent l	
Pan American Pe		ane l	
Name of Authorized Transporte		ent)	
The Atlantic Re	ning Company Virial P.O. Box 1810, Hobbs, New Mexico		
	Unit Sec. Twp. Rge. Is gas actually connected? When		

32

Oil Well

X Date Compl. Ready to Prod.

12-13-65

Lower Penn

Date of Test

Length of Test

Tubing Pressure

1965 (Date

12-13-65
Tubing Pressure

620

OPEN HOLE

Name of Producing Formation

CASING & TUBING SIZE

10 3/4"

7 5/8"

4 1/2"

If well produces oil or liquids, give location of tanks.

IV. COMPLETION DATA

Date Spudded

Perforations

OIL WELL

Length of Test

**GAS WELL** 

If this production is commingled with that from any other lease

Designate Type of Completion - (X)

10-22-65 Elevations (DF, RKB, RT, GR, etc.)

> HOLE SIZE 13 3/4<sup>m</sup>

9 7/8"

6 3/4"

Date First New Oil Run To Tanks

10 hrs.

12-13-65

Actual Prod. During Test 298

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

. CERTIFICATE OF COMPLIANCE

7. TEST DATA AND REQUEST FOR ALLOWABLE

4172 RKB

County his form is to be sent) his form is to be sent) When Is gas actually connected? Plug Back | Same Res'v. Diff. Res'v. P.B.T.D. Total Depth 10,718 Top Oil/Gas Pay Tubing Depth 10,715 10,705 Depth Casing Shoe 10,698 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT 305 300 4300 400 400 10,698 (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) Producing Method (Flow, pump, gas lift, etc.) Flow Choke Size Casina Pressure 20/64" Gas - MCF Water-Bbls. 134 Bbls. Condensate/MMCF Gravity of Condensate Choke Size Casina Pressure OIL CONSERVATION COMMISSION 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. 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.

completed wells.

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