| NO. OF COPIES REC | EIVED |          |  |
|-------------------|-------|----------|--|
| DISTRIBUTION      |       |          | : _  |
| SANTA FE          |       |          | <u>.                                    </u> |
| FILE              |       |          | 1  |
| U.S.G.S.          |       |          | <u> </u>                                     |
| LAND OFFICE       |       |          | :  |
| TRANSPORTER       | OIL   |          | <u> </u>                                     |
|                   | GAS   | <u> </u> | <u> </u>                                     |
| OPERATOR          |       | ·<br>    | <u>:</u>                                     |
| BRODATION OFFICE  |       | į        |  |

| DISTRIBUTION   | NEW MEXICO OIL: CO                            | NSERVATION COMMISSION                    | Form C-164 Supersedes Old C-104 and C-110    |  |
|--|---|--|--|--|
| SANTA FE   | REQUEST F                                     | REQUEST FOR ALLOWARD By Bifective 1-1-65 |  |  |
| FILE   | - huo   | AND                                      | C A S  |  |
| U.S.G.S.   | AUTHORIZATION TO THANSPORT GH AND NATURAL GAS |  |  |  |
| LAND OFFICE  | <del>_</del>                                  | 91                                       |  |  |
| TRANSPORTER GAS  | _   |  |  |  |
| OPERATOR   |   |  |  |  |
| PRORATION OFFICE   |   |  |  |  |
| Clen F. Feath  | erstone                                       |  |  |  |
|  | well Petroleum Bldg.,                         | Roswell, New Mexic                       | o 88201                                      |  |
| Reason(s) for filing (Check proper bo  |   | Other (Please explain)                   |  |  |
| New Well X   | Change in Transporter of:                     | :<br>                                    |  |  |
| Recompletion   | Oil Dry Gas                                   | <del></del>                              |  |  |
| Change in Ownership  | Casinghead Gas Condens                        | sate                                     |  |  |
| If change of ownership give name and address of previous owner   |   |  |  |  |
|  | DIFASE III                                    | In the North Ma                          | rton Permo-Pennsylvania                      |  |
| . DESCRIPTION OF WELL AND  | Well 1401 1 001 1                             | K-33/5                                   | Kind of Lease State, Federal or Fee State    |  |
| Mobil State  | 1 Une   | designated -                             | State, redelid of ree State                  |  |
| Location   |   |  | groot  |  |
| Unit Letter E : 23   | Feet From The North Line                      | e and <u>330</u> Feet Fron               | The West                                     |  |
| Unit Letter  |   |  | Top County                                   |  |
| Line of Section 32   | Township $14\mathrm{S}$ Range $3$             | 5E , NMPM,                               | Lea County                                   |  |
|  |   |  |  |  |
| . DESIGNATION OF TRANSPO   | RTER OF OIL AND NATURAL GA                    | Adaress (Give address to which app       | roved copy of this form is to be sent)       |  |
| Name of Authorized Transporter of (  |   | Boy 1725 Midland                         | Texas  |  |
| Pan American Corp  | Casinghead Gas XI or Dry Gas                  | Ladress (Give address to which app       | roved copy of this form is to be sent)       |  |
| Name of Authorized Transporter of  | Casing and Gue A                              | Box 696, Lovington                       |  |  |
| Atlantic Richfiel  | Unit Sec. Twp. Age.                           | is gas actually connected?               | Yhen   |  |
| If well produces oil or liquids,   | E 32 14S 35E                                  | No                                       | 30 days                                      |  |
| give location of tanks.  |   | give commingling order number:           |  |  |
| If this production is commingled   | with that from any other lease or pool,       |  | Plug Back   Same Restv. Diff. Restv          |  |
| V. COMPLETION DATA   | Cil Well Gas Well                             | New Well Workover Deepen                 | Plug Back   Same Restv. Ditt. Hestv          |  |
| Designate Type of Comple   | etion = (X) X                                 | X  | P.B.T.D.                                     |  |
| Date Spudded   | Date Compl. Ready to Prod.                    | Total Depth                              | 10,660'                                      |  |
| June 18, 1967  | August 1, 1967                                | 10,742' Top Cil/Gas Pay                  | Tubing Depth                                 |  |
| Pool   | Name of Producing Formation                   | i  | 10,395'                                      |  |
| Undesignated   | Permo-Penn                                    | 10,428'                                  | Depth Casing Shoe                            |  |
| Perforations Two shots   |   | 41 421 10 4521561                        | 10,690'                                      |  |
| 10,423'-30   | 0', 10,434'-38', 10,44                        | D CEMENTING RECORD                       |  |  |
|  | CASING & TUBING SIZE                          | DEPTH SET                                | SACKS CEMENT                                 |  |
| HOLE SIZE  |   | 377'                                     | 360 circulated                               |  |
| 17-1/4"  | 13-3/8"<br>8-5/8"                             | 4500'                                    | 500  |  |
| 11"  | 5-1/2"  | 10688'                                   | 200  |  |
| 7-7/8"   | 2-3/8"  | 10395'                                   |  |  |
|  |   | after recovery of total volume of load   | oil and must be equal to or exceed top allow |  |
| V. TEST DATA AND REQUEST   | able for this d                               | lepth or be for full 24 hours)           |  |  |
| OH. WELL  Date First New Oil Run To Tanks  | Date of Test                                  | Producing Method (Flow, pump, gas        | s lift, etc.)                                |  |
| August 1, 1967   | August 1, 1967                                | Flow                                     |  |  |
| Length of Test   | Tubing Pressure                               | Casing Pressure                          | Choke Size                                   |  |
| 24 hours   | 725#  | Packer                                   | 8/64<br>Gas-MOF                              |  |
| Actual Prod. During Test   | Oil-Bbls.                                     | Water-Bbls.                              | 142  |  |
| 264  | 264   | 0  | 172  |  |
| CAC WEST   |   |  |  |  |
| GAS WELL Actual Prod. Test-MCF/D   | Length of Test                                | Bbls. Condensate/MMCF                    | Gravity of Condensate                        |  |
| Return Float Test Mot / D  |   |  |  |  |
| Testing Method (pitot, back pr.)   | Tubing Pressure                               | Casing Pressure                          | Chcke Size                                   |  |
| Learning Method (prior) 0-11 - pro   |   |  |  |  |
| The state of the s | IANCE   | OIL CONSER                               | VATION COMMISSION                            |  |
| VI. CERTIFICATE OF COMPL   | 1:1,7 OL                                      | ·/ )                                     |  |  |
|  | and as substiant of the Oil Conservation      | APPROVED /                               | A  |  |

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.

| Charles W. Sticks (Signature) |
|-------------------------------|
| General Manager (Title)       |
| August 4, 1967                |

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 Sections I, II, III, and VI only 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.