ſ	NO. OF COPIES RECEIVED			
ľ	DISTRIBUTION			
Ì	SANTA FE			
ſ	FILE			
I	U.S.G.S.			
I	LAND OFFICE			
	TRANSPORTER	OIL		
		GAS		
	OPERATOR			
	PRORATION OFFICE			

December 30, 1968
(Date)

-	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65				
-	FILE	A.C						
ŀ	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	TRANSPORTER OIL			;				
	GAS							
	OPERATOR							
I.	PRORATION OFFICE Department of the control of the c							
ı								
Delaware - Apache Corporation Address								
	1720 Wileo Building							
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)					
Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate								
L								
	If change of ownership give name and address of previous owner							
,	and address of previous owner	UNDESIGNA	TED					
П.,	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo		Lease No.				
	Lease Name	2 Lazy J Penn Ex						
	State "19"	2 Lazy 5 Feim Ex	C (Bodgii)	50000 11 00 0				
	Unit Letter A ; 66	O Feet From The North Line	e and 560 Feet From T	he East				
	,		•					
	Line of Section 19 Tow	nship 13 south Range 3	3 Est , NMPM,	Lea County				
		NOD OF OUR AND NAMEDRAL CA	c ·					
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)				
	l.rmian Corporation	<u>—</u>	1509 W. Wall. Midland.	Texas 797 1				
	Name of Authorized Transporter of Cas	inghead Gas 🔀 or Dry Gas 🗍	1509 W. Wall, Midland, Address (Give address to which approv	ed copy of this form is to be sent)				
	Warren Petroleum Cor	poration	P. O. Box 1589, Tulsa,					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe					
	give location of tanks.	1 19 13S 33E	i	ecember 26, 1968				
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:					
IV.	COMPLETION DATA	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completion	n - (X) X	X					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	November 11, 1968	December 23, 1968	10,324	10,292 Tubing Depth				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay 9,669	9 57 2 *				
	4281 GR	Bo u gh	9,009	Depth Casing Shoe				
	9669-85'; 9712-17; 9731-38'			10,324				
		TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	15"	11-3/4" OD 42#, H-40	350	400 Class "C"				
	11"	8-5/8" OD, 24 & 32#, J	-55 4,100	400 Class "C" 500 Class "C"				
	7 7/8"	5-1/2" OD, 17#, J & N 2-3/8" 4.70#, N-80	10,324 9,5 7 2	JOO Class C				
17	TEST DATA AND REQUEST FO			and must be equal to or exceed top allow-				
٧.	OIL WELL	able for this de	pth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)				
	December 25, 1968 Length of Test	December 26, 1968 Tubing Pressure	Flow Casing Pressure	Choke Size				
		425#	Packer	20/64"				
	Actual Prod. During Test	Otl-Bbls.	Water-Bbls.	Gas - MCF				
	280	275	5	424.8				
	GAS WELL	I	Table Contents Anga	Gravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
	,							
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION				
•••			10 N 0-2020					
	I hereby certify that the rules and r	egulations of the Oil Conservation	BY APPROVED 19 19					
	Commission have been complied wabove is true and complete to the	vith and that the information given best of my knowledge and belief.						
	-							
	ົ	`	TITE CONTRAINED	ACT THE STATE OF THE PERSON OF				
	Loy 1). K	<i>)</i>	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					
	ZOY V. K.	eeves						
	District Productio		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.					
	(Ti							

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.