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| | SANTA FE | | | - | | |
| | FILE | | | | | |
| | U.S.G.S. | | | | | |
| | LAND OFFICE | | | | | |
| | TRANSPORTER | OIL | | | | |
| | | GAS | | | | |
| I. | OPERATOR | | | | | |
| | PRORATION OFFICE | | | | | |
| | Operator | | | | | |
| | olt | : | | | | |
| | Address | | | | | |
| | OOI First Nati | | | | | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-85

| | U.S.G.S. | PGAS 12 US IN 1889 | | | | | | | | | | |
|------------------|---|---|---|--|--|--|---------------|-------|-------------------------------|---|--|--|
| | TRANSPORTER GAS | | | | | | | | | | | |
| | OPERATOR | | | | | | | | | | | |
| I. | PRORATION OFFICE Operator | | | | | | | | | | | |
| | Robert B. Holt | | | | | | | | | | | |
| | 801 First National Bank, Midland, Texas 79701 | | | | | | | | | | | |
| | Reason(s) for filing (Check proper box) | Change in Transporter of: | Other (Please explain) | | | | | | | | | |
| | New Well X | Oll Dry Ga | s | | | | | | | | | |
| | Change In Ownership | Casinghead Gas Conden | sate | | | | | | | | | |
| | If change of ownership give name and address of previous owner | | | | | | | | | | | |
| 11 | DESCRIPTION OF WELL AND I | LEASE TI | <u> </u> | 1/2 // // | | | | | | | | |
| | Lease Name | Well No. Pool Name, Including Fo | ormation Kind of Le | | | | | | | | | |
| | Aztec State | North Baum-Up | per Pennsylvanian R-3 | | | | | | | | | |
| | Unit Letter C : 66 | | | 7.7 L | | | | | | | | |
| | Line of Section 26 Tow | mship 13S Range | 32E , NMPM, | Lea County | | | | | | | | |
| III. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | S Control of the control of | proved copy of this form is to be sent) | | | | | | | | |
| | Name of Authorized Transporter of Oil X or Condensate The Permian Corporation | | P.O. Box 3119. Midland. Texas 79701 | | | | | | | | | |
| | Name of Authorized Transporter of Cas | inghead Gas 🔀 or Dry Gas 🗔 | Address (Give address to which ap | proved copy of this form is to be sent) | | | | | | | | |
| | Warren Petroleum C | | P.O. Box 1589, Tu | lsa, Okla. /4102 When | | | | | | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Pge. C 26 13S 32E | No | Immediately | | | | | | | | |
| | | 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 | | X | P.B.T.D. | | | | | | | | |
| | Date Spudded 4-15-69 | Date Compl. Ready to Prod. 8-26-69 | Total Depth | 9929' | | | | | | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oll/Gas Pay | Tubing Depth | | | | | | | | |
| | KB 4320' | Bough D | 9750' | 9717 ' Depth Casing Shoe | | | | | | | | |
| | Perforations 9756'-9808' l sht p/ft. | | | | | | | | | | | |
| | | TUBING, CASING, AND | CEMENTING RECORD | SACKS CEMENT | | | | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | 355 | 350 sx. | | | | | | | | |
| | 11" | 8-5/8" | 4060 | 400 sx. | | | | | | | | |
| | 7-7/8" | 5-1/2" | 9772 | 350 sx | | | | | | | | |
| v | 5-1/2" TEST DATA AND REQUEST FO | 2" tbng. OR ALLOWABLE (Test must be a | fter recovery of total volume of load | oil and must be equal to or exceed top allow | | | | | | | | |
| ٧. | TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Out First New Oil Bun To Tanks Date of Test Date Street New Oil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) | | | | | | | | | | | |
| | Date First New Oil Run To Tanks 8-26-69 | 9-5-69 | Kobe Hydro. Pum | ip | | | | | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | | | | | | |
| | 24 hrs Actual Prod. During Test | Oil-Bbls. | Water - Bbls. | Gas-MCF | | | | | | | | |
| | | 303 | 750 | 168 | | | | | | | | |
| | | | | | | | | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | | | | | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | | | | | | |
| 3/1 | CERTIFICATE OF COMPLIAN | CF. | OIL CONSER | VATION COMMISSION | | | | | | | | |
| ¥1. | | | S | EP 1908 | | | | | | | | |
| | G tables been complied t | regulations of the Oil Conservation with and that the information given | TITLE SUPERIOR DICTOR | | | | | | | | | |
| | above is true and complete to the | best of my knowledge and belief. | | | | | | | | | | |
| | | | | | | | | | | | | |
| Operator (Title) | | | This form is to be filed in compliance with MULE 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 MULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. | | | | | | | | | |
| | | | | | | | 9-17-69 | itie) | II must a solut Occasione i | 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. | | |
| | | | | | | | 7-11-03 (D | ate) | well name or number, or trans | porter or other such change of condition must be filed for each pool in multiply | | |
| | | | completed wells. | | | | | | | | | |