NO. OF COPIES RECI	EIVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

Reason(s) for filing (Check proper box)

If change of ownership give name and address of previous owner ____

State 34

II. DESCRIPTION OF WELL AND LEASE

34

Designate Type of Completion - (X)

Name of Authorized Transporter of Oil

660

Unit

Address

New Well

Location

Unit Letter_

Line of Section

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

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

Date First New Oil Run To Tanks

IV. COMPLETION DATA

Perforations

OIL WELL

Length of Test

GAS WELL

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

Change in Ownership

NEW MEXICO OIL CONSERVATION COMMIS. IN Form C -104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Hytech Energy Corporation 400 Wilco Bldg., Midland, TX 79701 Other (Please explain) Change in Transporter of: Reporting casinghead gas connec-Dry Gas tion and date of first sales. Casinahead Gas Condensate Vell No.: Pool Name, Including Formation Kind of Lease 1 едве No. State, Federal or Fee State Tulk Penn L-523 Feet From The South Line and 1980 __ Feet From The _ Township 14-S Range 32-E , NMPM, 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) P.O. Box 1183, Houston, TX 77001
Address (Give address to which approved copy of this form is to be sent) The Permian Corporation Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Company P.O. Box 1589, Tulsa, OK P.ge. Is gas actually connected? 34 | 14-S; 32-E <u>5-17-78</u> If this production is commingled with that from any other lease or pool, give commingling order number: Workover Deepen Same Res'y, Diff. Res'y. TOIL Well Gas Well New Well Plug Back Date Compl. Ready to Prod. Total Depth P.B.T.D. Name of Producing Formation Top Oll/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Tubing Pressure Casing Pressure Ggs - MCF Oil-Bbls. Water - Bbls. Gravity of Condensate Bbls. Condensate/MMCF Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION AUG 4 19/8 Oragon a red by Jerry Scaton Dist L. Seev. 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.

VI. CERTIFICATE OF COMPLIANCE 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. Senior Production CLerk (Title) 7-31-78 (Date)

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 completed wells.