

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
CAMBRIAN OIL, INC.  
Address  
P. O. BOX 672 (2651 PARKWAY - SUITE F) ODESSA, TEXAS 79760  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner NONE

II. DESCRIPTION OF WELL AND LEASE  
Lease Name BEWITCHED STATE 12 COM Well No. 1 Pool Name, including Formation BAUM (UPPER PEN) Kind of Lease STATE GETTY Lease No. K-5656-1  
Location  
Unit Letter I : 1,980 Feet From The South Line and 660 Feet From The East  
Line of Section 12 Township 14-S Range 32-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
GETTY TRADING & TRANSPORTATION CO. P. O. BOX 1142, MIDLAND, TEXAS 79701  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
WARREN PETROLEUM COMPANY P. O. BOX 1689, LOVINGTON, NEW MEXICO 88260  
If well produces oil or liquids, give location of tanks. Unit I Sec. 12 Twp. 14S Rge. 32E Is gas actually connected? YES When NOVEMBER 24, 1983

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (BF, MRS, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top all-able for this depth or be for full 24 hours)  
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL  
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

I. CERTIFICATE OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
R. Dean McManigle (Signature)  
R. DEAN McMANIGLE (Title)  
JANUARY 18, 1984 (Date)  
915-335-9700

OIL CONSERVATION DIVISION  
JAN 24 1984  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR  
This form is to be filed in compliance with RULE 1194.  
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.