STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	Navajo Urude Uli P		<u>P. U. Box 159.</u>	Artesia, NM 88210				
Warren Petroleum Co. P. O. Box 1589, Tulsa, OK 74102	the of the sector of the secto		Audress (Give address)	to which approved copy of this form :	is to be sent)			
	<u> </u>	<u>io.</u>	P. O. Box 1589	, Tulsa, OK 74102				

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

Twp.

Rqe.

14-S 132-E

Is gas actually connected?

Yes

Sec.

22

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NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Unit

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(Signature)

Sr. Petroleum Engineer (Tile)

4-5-84

(Date)

OIL	. CONSERVAT	ION DIVIS	ION
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ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR

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 only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forma C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion	on - (X)	OII Well	Gas Well	New Well	Workover	Deepen I	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl	. Ready to P	rod.	Total Dept	h	·	P.B.T.D.		L
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	ortion	Top Oll/Go	is Pay		Tubing Dep	th	
Perforations	1		- <u></u>				Depth Casis	ng Shoe	
		TUBING,	CASING, ANI	DCEMENTI	NG RECOR	D	<u>l</u>		<u> </u>
HOLE SIZE	CASI	NG & TUBH	NG SIZE		DEPTH SE	т	SA	CKS CEMER	17
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V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow 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	Oll-Bbis.	Water - Bbis.	Gas - MCF		

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitat, back pr.)	Tubing Pressure (Shut-ia)	Casing Pressure (Shut-in)	Choke Size
	1		1. 1

ROR J 1004