			
HO. OF COPIES REC	EIVED	1	
DISTRIBUTI			
SANTA FE	1		
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

DISTRIBUTION	NEWNEXICO	*****				
SANTA FE	NEW MEXICO OIL	NEW MEXICO OIL CONSERVATION COMMIS ON Form C-104				
FILE	REQUES	REQUEST FOR ALLOWABLE AND			Supersedes Old C-104 and C-1 Effective 1-1-65	
U.S.G.S.	ALITHOPIZATION TO T		AND MATERIA		1-03	
LAND OFFICE	ASTRONIZATION TO T	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
TRANSPORTER OIL						
GAS						
OPERATOR						
PRORATION OFFICE Operator						
TED WEINE						
Address				- ·		
508 Wall Towe	rs East, Midland, Texas 79	701				
Reason(s) for filing (Check prop	er box)		Please explain)			
New Well	Change in Transporter of:					
Recompletion	Oil Dry	Dry Gas REQUEST FOR TEST ALLOWABLE			3	
Change in Ownership	Casinghead Gas Con-	densate 🔃	2000 BBI	LS		
If change of ownership give name address of previous owner						
II. DESCRIPTION OF WELL		same address				
Lease Name	Well No. Pool Name, Including		Kind of Leas	•	Lease No.	
Federal 14	1 Wildcat - 1	Not named	State, Federa	or Fee Pederal	MAC.	
Location					MAX44-V	
Unit Letter;;	1980 Feet From The West L	.ine and1920	Feet From '	TheSouth		
Line of Section 14	Township Six South Range	33 East	NMPM, RO	paevelt	County	
III. DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL G	746			_	
Name of Authorized Transporter	of Oil or Condensate		lress to which appro-	ved copy of this form is	to be send	
Mebil Oil Corp.					to be sent)	
Name of Authorized Transporter	of Casinghead Gas or Dry Gas	Address (Give add	lress to which approx	Texas. 7522 yed copy of this form is	to be sent!	
none as yet	3			, -, -, -, -, -, -, -, -, -, -	to be semi)	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually con	nnected? Whe	en		
give location of tanks.	K 14 65 33E	no no	į			
If this production is commingle	ed with that from any other lease or pool	l, give commingling	order number:	· · · · · · · · · · · · · · · · · · ·		
IV. COMPLETION DATA						
Designate Type of Comp	letion - (X)	New Well Works	over Deepen	Plug Back Same Re	s'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth			L	
9-30-71	10-27-71			P.B.T.D.		
Elevations (DF, RKB, RT, GR, e		7680 Top Oil/Gas Pay		Tubing Depth		
4366.1 GR	Penn. Line	760	19			
Perforations				7492 Depth Casing Shoe		
7602-76	09 8 shets/foot					
	TUBING, CASING, AN	ID CEMENTING RE	CORD			
HOLE SIZE	CASING & TUBING SIZE	DEPT	'H SET	SACKS CE	SACKS CEMENT	
15 ^H	11 3/4"	375		375 sx Circulated		
9.7/8 ^H	8 5/8"	3274		250 ex		
4 1/2"	<u>4 1/2H</u>	7673		400 sx		
V TEST DATA AND DECUES	2 3/8"	1 7492		<u> </u>		
V. TEST DATA AND REQUES OIL WELL		after recovery of total lepth or be for full 24 l	volume of load oil a hours)	and must be equal to or	exceed top allow-	
Date First New Oil Run To Tanks			Flow, pump, gas lift	, etc.)		
			·		:	
Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas-MCF		
I		1				
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/A	ACE	Gravity of Condensate		
		DDID. COINGINGCIDA	MMCF	Gravity of Condensate	'	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (S	(hut-in)	Choke Size		
I. CERTIFICATE OF COMPLI	ANCE	01	L CONSERVA	TION COMMISSIO	N	
				10.71	•	
I hereby certify that the rules a	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 held for the complete to the best of my knowledge and held for the complete to the best of my knowledge and held for the complete to the best of my knowledge and held for the complete to the best of my knowledge and held for the complete to the best of my knowledge and held for the complete to the best of my knowledge and held for the complete to the best of my knowledge and held for the complete to the best of my knowledge and held for the complete to the best of my knowledge and held for the complete to the best of my knowledge and held for the complete to the best of my knowledge and held for the complete to the best of my knowledge and held for the complete to the best of my knowledge and held for the complete to the best of my knowledge and held for the complete to the best of my knowledge and held for the complete to the best of my knowledge and held for the complete to the best of my knowledge and held for the complete to the comple		APPROVED NUMBER 19			
Commission have been complete to			nus			
Serve to the sine complete to	me sees of my knowledge and need (TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OW	DICTION OF COM	,	
ריק		TITLES	Jrt. V.S.J.	DISTRICT		
1 1 11		This form is	s to be filed in co	ompliance with RULE	E 1104.	
Inank Shace	kelfond	11		-		
(Signatural) Branch Charles Com		If this is a request for allowable for a newly drilled or deepened				

Authorized Agent (Title)

> 11-15-71 (Date)

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.

1880 C. C. C. C. C.

RECEIVED

NOV 161971

OIL CONSERVATION COMM.
HOBBS, N. M.