	•	~			_~		
	NO. OF COPIES RECEIVED						
	DISTRIBUTION	NEW ME		SERVATION COMM	SSION	Form C-104	
	SANTA FE	REQUES			FOR ALLOWABLE		
	FILE U.S.G.S.			AND		Effective 1-1-65	
	LAND OFFICE				IATURAL GAS		
	TRANSPORTER GAS						
	OPERATOR						
1.	PRORATION OFFICE					•	
	Energy Reserves Group, Inc.						
	P. 0. Drawer 2437 - Midland, TX 79702						
	Reason(s) for filing (Check proper box)     Other (Please explain)       New We!!     X						
	Recompletion •	Oil Oil	r oz: Dry Gas				
	Change in Ownership	Casinghead Gas	Condensat	• 🗍		. •	
	If change of ownership give name THIS WELL HAS BEEN PLACED IN THE POOL and address of previous owner						
	NOVEN THE BELOW. IF YOU DO NOT CONCUR						
П.	DESCRIPTION OF WELL AN	Well No. Pool Name.	Inc. udinc/Form	ation	Kind of Lease	Lease No.	
	Crume		utto signated	telergon	State, Federal or Fee		
	Location			-			
	Unit Letter C ; 1980 Feet From The West Line and 660 Feet From The North						
	12 .						
	Line of Section 13	Township 6-S	Range 33	-Е , ммрм,	Roosevel	t County	
III.	DESIGNATION OF TRANSPO	ORTER OF OIL AND NAT	URAL GAS				
	Name of Authorized Transporter of	idress (Give address to	which approved copy	of this form is to be sent)			
		Phillips Petroleum Co Trucks			4001 Penbrook, Odessa, TX 79762 Address (Give address to which approved copy of this form is to be sent)		
	Name of Authorized Transporter of		Jas X A				
	Warren Petroleum C			P. O. Box 158 gas actually connected	<u>39 Tulsa, OK</u>	74102	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	P.ge. Is	No	i when		
	L						
ıv.	f this production is commingled with that from any other lease or pool, give commingling order number:						
	Designate Type of Comple		1	ew Well Workover	Deepen Plug E	ack   Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod	X	X : otal Depth	Г 		
	6-26-81	8-12-81		7851	78		
	Elevations (DF, RKB, RT, GR, etc		ion To	op Oil/Gas Pay		J Depth	
	4372.5' GR			7516	7.4		
	Perforations					Casing Shoe	
	<u> 7542 - 44 &amp; 7560 -</u>	7851					
		CASING & TUBING		EMENTING RECORD		SACKS CEMENT	
	HOLE SIZE	13 3/8	512 E	378	·	350	
		8 5/8				1350	
	7 7/8	4 1/2		7851		500	
		2 3/8	L	7499	i		
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 a able for this depth or be for full 24 hours)						
	OIL WELL     able for this depth or be for juli 24 hours)       Date First New Oil Run To Tanks     Date of Test       Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	C	asing Pressure	Chcke	Size	
		01.2512		zier-Bbls.	Gas - h	(CF	
	Actual Prod. During Test	Cil-BEls.	**C		Gusen		
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test		ols. Condensate/MMCF		y of Condensate	
	3331 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in		2/3 asing Pressure (Shut-:	69 (n) Choke		
	Back PR.	Tubing Pressure (Shut-in 1882		PKR			
1.1	CERTIFICATE OF COMPLIA		<u>_</u>				
¥1.	CENTIFICATE OF COMPER		OIL CONSERVATION COMMISSION				
	I hereby certify that the rules ar		APPROVED				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY			
				and the second sec			
				TITLE			
	Ch life the			This form is to be filed in compliance with RULE 1104.			
	(Jach Calcolo (Signature) District Clerk (Title)			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 allow- able on new and recompleted wells.			
	10-23-81	10-23-81			with out only a orthogen T IT III and VI for changes of owner.		
	(Date)			well name or number, or transporter, or other such change of condition.			

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