	HU -/ CUPIES REGES. U									
ł	DISTRIBUTION	1								
ŀ	SANTA FE	<u> </u>	ÆW ME		CONSERVAT		SSIC	_	n C-104	
ŀ	FILE	Ì		REQUEST	FOR ALLO	DWABLE			ersedes Old ective 1-1-65	C-104 and C-11
ŀ					AND					•
ŀ	U.S.G.S.	AUT	HORIZATI	ON TO TRA	ANSPORT (	DIL AND N	ATURAL (	SAS		
ŀ	LAND OFFICE	-								
	TRANSPORTER GAS									
	OPERATOR	]								
1.	PRORATION OFFICE									
	Operator  ARWGGD, LTD.									
	Address P.S. Box 20200, Dall	as. Tex	as 75220	1						
}	Reason(s) for filing (Check proper box)			· · · · · · · · · · · · · · · · · · ·	10	ther (Please	explain)			
	New We!l		in Transpor	ter of:		•	. ,			
	Recompletion	Oil		Dry G	as $\square$					
			head Gas	Conde	F					
	Change in Ownership X	Casing	neda Gas	Conde	inside []					<del> </del>
	If change of ownership give name and address of previous owner	LEASE							Texas	
	Lease Name	Well N	o. Pool Nam	e, Including F	Formation		Kind of Leas		dawal 1	Lease No.
	Mitchell	3Y	Mali	amer Gra	yburg S.	Δ	State, Federa	lor Fee	dele: F	C 058775
	Location				, - u. g - u.					
	Unit Letter;	<b>720</b> Feet I	rom The	<b>\$</b> Lii	ne and	400	_ Feet From	The	W	
	e									
		<u> </u>	17	Range	32	, NMPM,	L			County
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil  Name of Authorized Transporter of Cas  Name of Authorized Transporter of Cas	TER OF O	IL AND NA Condensate	ATURAL GA	AS Address (G	ive address to	which appro	ved copy of th	88210	be sent)
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil  Name of Authorized Transporter of Cas  Name of Authorized Transporter of Cas	rer of o	IL AND NA Condensate	ATURAL GA Sion y Gas	AS Address (G Address (G	ive address to	Artes which appro	ved copy of th	88210	be sent)
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Navaje Refining Co., Name of Authorized Transporter of Cas  If well produces oil or liquids,	rer of o	Condensate ine Divi or Dr	ATURAL GA Sion y Gas	AS Address (G Address (G	ive address to	Artes which appro	ved copy of th	88210	be sent)
	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil  Navaje Refining Co., Name of Authorized Transporter of Cas  If well produces oil or liquids, give location of tanks.	Pipe Linghead Gas	Condensate Condensate or Dr Try Condensate	Sion y Gas P.ge. 7   32	AS Address (G Address (G Address (G	ive address to	which appro	ved copy of th	88210	be sent)
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	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil  Navaje Refining Co., Name of Authorized Transporter of Cas  If well produces oil or liquids, qive location of tanks.  If this production is commingled with COMPLETION DATA	Pipe Linghead Gas	Condensate Condensate or Dr Try Condensate	Sion y Gas P.ge. 7   32	AS Address (G Address (G Address (G	ive address to	which appro	ved copy of th	88210 is form is to	be sent)
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IV.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of OT  Name of Authorized Transporter of Cas  If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completion Date Spudded  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOOIL WELL	Pipe L singhead Gas Unit   S th that from On - (X) Date Comp	IL AND NA Condensate Ine Divi or Dr Sec. Twr 5 I any other lo I. Ready to P oducing Form TUBING, NG & TUBI	sion y Gas [] c. F.ge. 7 32 ease or pool, Gas Well rod. CASING, AN NG SIZE	AS Address (G Address (G Is gas actu Is gas actu Total Depth Top Oil/Go	ive address to ive address to ally connecte to make a second to total voluments to the second to	number:	Plug Back P.B.T.D.  Tubing Depth Cast	Same Rest	be sent)  v. Diff. Restv.
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IV.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil  Navaje Refining Co., Name of Authorized Transporter of Cas  If well produces oil or liquids, qive location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completion Date Spudded  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks	Pipe L singhead Gas  Unit th that from  Date Comp.  Name of Pr  CASI	Condensate Ine Divi or Dr Sec. Twr 5 I any other 10 I Oil Well I Ready to P oducing Form TUBING, NG & TUBI	sion y Gas [] c. F.ge. 7 32 ease or pool, Gas Well rod. CASING, AN NG SIZE	AS Address (G Address (G Address (G Is gas actu Rew Well Total Depth Top Oil/Go  ID CEMENT!  After recovery lepth or be for Producing	ive address to ive address to ally connecte ingling order  Tworkover ingling order i	number:	Plug Back P.B.T.D. Tubing Depth Casi	Same Rest	be sent)  v. Diff. Restv.

OIL WELL	abte)	or this depth of de jor juit 24 hours			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gαs - MCF		

**GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

## 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.

ARWOOD, LTD.

Ingue Co	word	
Frazier Arwood	(Signature)	. Pastner
	(Title)	
Feb. 1 1971		
· <del>· · · · · · · · · · · · · · · · · · </del>	(Date)	

OIL CONSERVATION COMMISSION APPROVED 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.

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.

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Job separation sheet

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NO. OF COPIES RECE	IVED	Ĺ	
DISTRIBUTIO	N		
SANTA FE			
FILE			
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LAND OFFICE			
TRANSPORTER OIL		<u> </u>	
PRANSPORTER	<u>L</u>		
OPERATOR		<u> </u>	L
PRORATION OF	FICE	1	١ .

DISTRIBUTION	NEW MEXICO DIL. COI	NSERVATION COMMISSIC.	Form C-104
SANTA FE	REQUEST FO	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE		AND	•
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GAS	
LAND OFFICE			
TRANSPORTER GAS	,		
OPERATOR			
PRORATION OFFICE			
Stallworth 011	& Gas		
Address	uri Avenue, Midland,	Texas 79701	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas Casinghead Gas Condens	<b>7</b>	
Change in Ownership	Ryder Scott Manager	ment Co.	76201
and address of previous owner		Wichita Falls, Texas	
DESCRIPTION OF WELL AND L	1 407: 1401 1 001 1	rmation Kind of Leas	ederal Legse No.
Mitchell	3:Y Maljamar Gra	yburg S.A. State, Federal o	LC 058775
Location , L 172	0 Feet From The S Line	and 400 Feet From Th	•
Unit Letter	- 17 Range 3	32 , NMPM,	Lea County
Line of Section 5 Tow	mship Range	, Idor w,	
TO ANCIDOR	CER OF OU. AND NATURAL GA	s	
DESIGNATION OF TRANSPORT	-E		
Navalo Refining Co.,	Pipe Line DIVISION	N. Freeman Ave., A Address (Give address to which approve	rtesia, N.M. 8821
Name of Authorized Transporter of Cas		Is gas actually connected? When	
If well produces oil or liquids,	Unit Sec. Twp. Rge. 17 32	NO NO	·
give location of tanks.		<u> </u>	
If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	
. COMPLETION DATA	Oil Well Gas Well	New Well. Workover Deepen	Plug Back   Same Restv. Diff. Restv
Designate Type of Completic	on - (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	100 027 022 1 27	
			Depth Casing Shoe
Perforations			
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
V. TEST DATA AND REQUEST F	TOR ALLOWABLE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top allo
OIL WELL	able for this a	lepth or be for full 24 hours) Producing Method (Flow, pump, gas li	
Date First New Oil Run To Tanks	Date of Test	Producting Manager (	
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test			i com luce
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas • MCF
	<u> </u>		
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of 100.		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Tabring warmer ( )			17:01:00:01:00:00:00:00:00:00:00:00:00:00:
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
		APPROVED SEPTE	) 197U )
I hereby certify that the rules an	d regulations of the Oil Conservation		Barta
Commission have been complied shove is true and complete to	with and that the information give the best of my knowledge and belie	i. BY	and the same of th
STALLWORTH		TITLE	DEC.
	2011	- to to be filed in	compliance with RULE 1104.
Will under	= Llohnery		
Murray E. Helmers a	(gmetwe)	well, this form must be account	ordence with RULE 111.
Murray E. Helmers s	gineer	Att seations of this form t	unst pe tiffed ont combiners in any
	(Tule)	able on new and recompleted	ments.
June 1, 1970		Fill out only Sections I.	II. III, and VI for changes of conditionten or other such change of conditions.

(Date)

Fill out only Sections I. II. III. and VI for changes of owner well name or number, or transporten or other such change of condition Separate Forms C-104 must be filed for each pool in multip' completed wells.

RECEIVED

CEP 1 1970

OH CONCERNATION COMM.

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**Job separation sheet** 

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(1000 ياند)		VIEIL. OF THE INT	FDIOD (Other instructions re-	Hudget Bureau No. 42-R1
		SEOLOGICAL SUFIVE		LC 058775
(Do not use	SUNDRY NOT	ICES AND REPORT	v. b. b.	6. IF INDIAN, ALLOTTEE OR TRIBE NA
OL SE WELL W	AS OTHER			7. UNIT AGREEMENT NAME
2. NAME OF OPERA	ron	· · · · · · · · · · · · · · · · · · ·		8. FARM OR LEASE NAME
Ryder S	cott Man <b>a</b> gen	nent Company		Mitchell
3. ADDRESS OF OPE				9. WELL NO.
922 - 8th	Street. W	ichita Falls, Tex	as 76301	37
4. LOCATION OF WE	LL (Report location c	learly and in accordance with	any State requirements.*	10. FIELD AND POOL, OR WILDCAT
See also spa <b>ce 1</b> At surface	.7 below.)			Gbr SA - Maljam
1720' F	SL, 400' FV	٧L		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
				5 - 17 - 32
14. PERMIT NO.		15. ELEVATIONS (Show wheth	her DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
		405/1 C T		Lea N. M.
		4056' G. L.	•	110 1112s
16.	Check Ap		• ate Nature of Notice, Report, or C	
16.	Check Ap	opropriate Box To Indica	ate Nature of Notice, Report, or C	
	NOTICE OF INTEN	opropriate Box To Indica	ate Nature of Notice, Report, or C	Other Data
TEST WATER S	NOTICE OF INTEN	opropriate Box To Indica	ate Nature of Notice, Report, or C	Other Data
	NOTICE OF INTEN	opropriate Box To Indication to:	subseque water shut-off	Other Data
TEST WATER S	NOTICE OF INTEN	opropriate Box To Indication to:  PULL OR ALTER CASING	water shut-off FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	Other Data  TENT REPORT OF:  REPAIRING WELL  ALTERING CASING

Work will start approximately 7-10-69

Will set bridge plug with cement capjacress top of perforations;

100' cement plug in and out of shoe of surface pipe;

10 sack cement plug in top of surface pipe;

cap welded over surface pipe & 41 marker erected showing well number and location; hole will be filled with mud-laden fluid.

8. I hereby certify that the foregoing is tyue and correct		<u></u>	
SIGNED Bang J. Halzy	TITLE _	Agent	DATE 7-7-69
(This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE .		JUL 1 4 1969 AMINISTRATION DATE