| | DESCRIPTION SANTA LI FILF U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PROPATION OFFICE | REQUEST | ONSERVATION COMMISS FOR ALLOWABLE AND ANSPORT OIL AND NATURAL | Form C:-104 Supersedes Old C:-104 and C:-1 Effective 1-4-65 GAS |
|------------|--|---|--|---|
| 1. | Clerifica / | 7-1 1 1 | 10 | |
| | Addiens Continental Orl CO | | | |
| | Reason(s) for filing (Check proper box) [Other (Please explain) | | | |
| | New Well Recompletion Change in Ownership | Change in Transporter of: Oil Dry Go Castinghead Gas Conder | 73 <u> </u> | |
| | If change of ownership give name | | | |
| tt | DESCRIPTION OF WELL AND | LEACE | | |
| *** | MICHUM TStu Location | 3176/Ilaljama | ormation Kind of Le. | -4C00034/ Economic |
| | Unit Letter K :198 | Feet From The Sty Their | ne and 1980 Feet From | The Wost |
| | Line of Section 28 Tow | mship / 7 & Range | 32 E, NMPM, , | Loa County |
| III. | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | |
| | None of Authorizes Transporter of Oll | or Condensate | Address (Give address to which app | roved copy of this form is to be sent) |
| | Name of Authorizen/Transporter of Ors | | | roved copy of this form is to be sent) |
| | If well produces oil or liquids, | Unit Sec. Twp. Ege. | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | Maljana 11 M 8826 |
| | give location of tanks. If this production is commingled wit | h that from any other lease or pool. | give commingling order number: | 70/1 |
| | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty, Diff, Resty, |
| | Designate Type of Completio | n - (X) ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | Total Depth | P.B.T.D. |
| | | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | Perforations Depth Casing Shoe | | | Depth Casing Shoe |
| | HOLE SIZE | TUBING, CASING, AND CASING & TUBING SIZE | CEMENTING RECORD DEPTH SET | SACKS CEMENT |
| | | | | |
| | | | | |
| v. | TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be a | fter recovery of total volume of load o | il and must be equal to or exceed top allow- |
| | OII. WELL able for this depth or be for full 24 hours) Date First New Ci. 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 | Oii-Bbis. | Water - Bbls. | Gas-MCF |
| | Actual From During 1981 | 0 | | |
| | 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 |
| | . CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION APPROVED | |
| | 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. | | Orig. Signed by BY Jerry Sexton | |
| | • | | TITLE Dist 1. Supv. This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended 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. | |
| | Buch bec 18 yans | ture) | | |
| / | Namine teater | () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| , · . : | Macamber 4,19 | 77 | Fill out only Sections I, well name or number, or transpo | Nation. II. III. and VI for changes of owner, otter, or other such change of condition, sat he filed for each pool in multiply |
| 171 | 11000(s) (cs65(2) | MONGO Pile | completed wells. | ŧ |

TELLISTIC TOTT

CIL CONSERVATION COMM.