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NO. OF COPIES RECEIVED				
DISTRIBUTION		NEW MEXICO OIL	Form C-104 Supersedes Old C-104 and C-11	
SANTA FE				Effective 1-1-65
FILE		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
U.S.G.S.	AUTHC	JRIZATION TO TR	ANSPORT UIL AND NATURA	AL GAS
LAND OFFICE				
TRANSPORTER GAS				• [•]
OPERATOR				
PRORATION OFFICE				
Operator				
GREAT WEST	ERN DRILLING CO	MPANI		
P. O. BOX 1		DLAND TX 7970		
Reason(s) for filing (Check pro			Other (Please explain)	
New Well	Change in	n Transporter of:		
Recompletion	Oil	Dry C		
Change in Ownership	Casinghe	ad Gas Cond	ensate	
f change of ownership give	name			
and address of previous own			A	
		R 1219	Send wor atek	A han
DESCRIPTION OF WELL	_ AND LEASE	Well No. Pool		Kind of Lease
Lease Name			TTT PERCENTINA)	State, Federal or Fee STATE
STATE "13"				· · · · · · · · · · · · · · · ·
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Unit Letter;	;Feet Fro	om The SOUTH	ine and Feet F	
Line of Section 13	NSPORTER OF OIL	6-S Range	33-B , NMPM, AS Address (Give address to which	LEA County approved copy of this form is to be sent)
DESIGNATION OF TRAN Name of Authorized Transport PERMIAN CORPORAT	NSPORTER OF OIL ter of Oil or C	AND NATURAL G	AS Address (Give address to which BOX 1183. HOUSTO	approved copy of this form is to be sent)
DESIGNATION OF TRAN Name of Authorized Transport PERMIAN CORPORAT Name of Authorized Transport	NSPORTER OF OIL ter of Oil or O TON ter of Casinghead Gas	Or Dry Gas	AS Address (Give address to which BOX 1183, HOUSTO Address (Give address to which	approved copy of this form is to be sent) M TX 77001 approved copy of this form is to be sent)
DESIGNATION OF TRAN Name of Authorized Transport PERMIAN CORPORAT Name of Authorized Transport NATURAL GAS PIPE	NSPORTER OF OIL ter of Oil or C TON ter of Casinghead Gas LINE CO. OF AM	Or Dry Gas	AS Address (Give address to which BOX 1183. HOUSTO	approved copy of this form is to be sent) N TX 77001 approved copy of this form is to be sent)
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DESIGNATION OF TRAN Name of Authorized Transport PERMIAN CORPORAT Name of Authorized Transport NATURAL GAS PIPE If well produces oil or liquids give location of tanks. If this production is commin COMPLETION DATA Designate Type of Co Date Spudded 1956 Re-entry 9-18-75 Pool KEDNITZ-PENN Perforations 12,660'-12,68 HOLE SIZE 17 1/2" 12 1/4" 8 3/4" TEST DATA AND REQU OIL WELL Date First New Oil Run To T	NSPORTER OF OIL ter of Oil or C TON ter of Casinghead Gas LINE CO. OF AM S, Unit Sec P 1 ngled with that from a completion – (X) Date Compl. 11–12 Name of Proc ATOK CASIN 13–3/8" 9–5/8" 7" 26# UEST FOR ALLOW/ Tanks Date of Test	AND NATURAL G Condensate C or Dry Gas BRICA c. Twp. Rge. 3 16-S 33- iny other lease or poo Oil Well Gas Well 	Address (Give address to which BOX 1183, HOUSTO Address (Give address to which BOX 283, HOUSTO Is gas actually connected? E YES I, give commingling order number New Well Workever Deepo RE - ENTRY Total Depth 14,797' Top Oil/Gas Pay 12,660' ND CEMENTING RECORD DEPTH SET 339' 4,570' 12,800' e after recovery of total volume of loc depth or be for full 24 hours) Producing Method (Flow, pump,	approved copy of this form is to be sent) M TX 77001 approved copy of this form is to be sent) ON TX 77001 When 5-7-76 P.B.T.D. Cleaned out to 12,474' Tubing Depth 12,552' Depth Casing Shoe 12,800' SACKS CEMENT 400 sx 3000 sx 500 sx ad oil and must be equal to or exceed top allo gas lift, etc.)

GAS WELL

Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate	
4 hours	40.46	56	
Tubing Pressure	Casing Pressure	Choke Size	
F1. 850-2350 psi	PACKER	10/64" thru 24/64"	
BACK PRESSUREF1. 850-2350 p81CERTIFICATE OF COMPLIANCE		OIL CONSERV HTO COMMISSION	
	4 hours Tubing Pressure F1. 850-2350 psi	4 hours 40.46 Tubing Pressure Casing Pressure F1. 850-2350 ps1 PACKER	

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.

Å (Signature)

F. L. Bellard, General Superintendent

(Title) (Title) May 7. 1976

May	7,	19 76
		(Date)

APPROVED , 19, 19	
BY frankletter	
TITLE SUPPLY TO DOWRATCH	
TITLE SUPPORT TO THE T	

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 Sections I, II, III, and VI only 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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(ATT: 1978

CIL CONSCRIVATION COMM. NOEBS, H. M.