SO, OF COMES RECEIVED			
DISTRIBUTION	EW MEXICO OU CO	ONSERVATION COMMISSIC	Form C+194
SANTA FL		FOR ALLOWABL	Supersedes Old C-104 and C-119
FILE			Effective 1-1-63
. u.s.g.s.	AUTHORIZATION TO TRAI	NSPORT OIL ALL NATURAL	GAS
LAND OFFICE		TEB 20 9	-
CANCOCTED		IED LO J	27 AM 6/
TRANSPORTER GAS			
OPERATOR	7		
A. PROBATION OFFICE			
Cperator			·
Midwest Oil Con	rporation		
Addiress			
1500 Wilco Bldg			
Reason(s) for filing Check proper box		Other (Please explain)	
New Well	Change in Transporter of:	<u></u>	:
Recompletion	C1! Dry Gas		i e e e e e e e e e e e e e e e e e e e
Change in Ownership	Castr.ghead Gas Condens	sate	
If change of ownership give name			
and address of previous owner			
		JDESIGNATED Kemnu	12- Lower Wolfcamp
M. DESCRIPTION OF WELL AND Lettle Name	LEASE Lease No. Well No. Poor Nam	e, Including Foundtion / 2-323	Xind of Lease
State "G"		nitz - Penn	Signe, Federal or Fee State
Location			00000
-) a m Couth	and 1980 Feet From	The East
Unit Letter 0; 660	Feet From The South Line	e and 1900 Feet Flori	The gase
: Line of Section 23 To	waship 16-S Range 3	3-E , NMPM,	Lea County
	10-5	J-18	WEA
H. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S	
Name of Authorized Transporter of Oil	x or Condensate	Address (Give address to which appr	roved copy of this form is to be sent)
The Permian Corporat	ion	P. O. Box 3119	Midland, Texas
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)
None			;
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	/hen
give location of tanks.	0 23 16-S 33-E	No	
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
IV. CCMPLETION DATA			
Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Recty. Diff. Resty.
		X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-18-66	2-14-67	11,540	
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth
4177.6	Penn	10,710	10,644 Depth Casing Shoe
Periorations	//		Depth Casing shoe
64 holes - 10,710, 10	0,719, 10,738, to 768		
1		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
174	13 3/8	300	300 sax
11	8 5/8	4500	500 sax 375 sax
7 7/8	5½	11,540	313 sax
			the state of the s
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load o pth or be for full 24 hours)	il and must be equal to or exceed top allow-
ON. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
2-14-67	2-14-67	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
•		•	
24 hrs. Actual Prop. During Test	Oil•Balsı	Water-Bbis.	Gan-MCF
	275	16	241
291		Ι	
GAS WELL			
Actual Prod. Test-MOF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Testing Method (pitot, back pr.)	Tubing Pressure	- Casing Pressure	Choke Size
TIL OFFICE AND CE CONDUITA	·OF	O'L CONSERV	ATION COMMISSION
VI. CERTIFICATE OF COMPLIAN	(CZ	OTE CONSERV	
	tota Oil Consequation	APPROVED	<u> </u>
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	e best of my knowledge and belief.	15Y	
·		TITLE	· · · ifal
			14.
Marma Catur		This form is to be filed in compliance with RULE 1:04.	
		realization arguest for allowable for a newly drilled or deepened	
(Signature)		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.	
Production Clerk			
(Ti:le)			
February 17, 196		Fill out only Sections I.	II, III, and VI for changes of owner, orter, or other such change of condition.
	rate)	well name or number, or transp	ust be filed for each pool in multiply
		Separate Forms C+104 m	was do seem to come have an order