NO. OF COPIES RECEIVED		~		
DISTRIBUTION		CONCERNATION COMMERCION	Form C-104	
SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION Form C-104  REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-		
FILE		• 5	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TR	AND CEP ? ANSPORT OIL AND NATURAL	GAK	
LAND OFFICE	AUTHORIZATION TO TR	ANSPURT UIL AND NATURAL	Jin Jin	
OIL OIL	<del>- </del> .		$n_0$	
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE				
Jake L. Hamon				
	m 75001		·	
Box 663, Dallas,		Other (Please explain)		
Reason(s) for filing (Check proper b		Office (Freder express)		
tiew Well X	Change in Transporter of:	,		
Recompletion	Oil Dry G	一一一		
Change in Ownership	Casinghead Gas Conde	ensate		
If shares of aumarahin give name	·			
If change of ownership give name and address of previous owner				
I. DESCRIPTION OF WELL AN	n i tast			
Lease Name	Well No. Pool N	ame, Including Formation Shoe Bur-Devonian	Kind of Lease	
State "K-33"	1	Ideat (Devonian) R-358	State, Federal or Fee State	
Location State R 33				
	1980 Feet From The South Li	ine and 1980 Feet From	n The West	
Umit Letter K ;	->			
1.455 of Spotter 30	Township 16-S Range	R-36-E , NMPM,	Lea County	
Line of Section 30	Township 10-3	К-50-Д		
	DEED OF OU AND NATURAL C	24		
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G	Address (Give address to which app	roved copy of this form is to be sent)	
		Box 3119, Midland, T	Toxas 79701	
The Permian Corpo	Oration  Casinghead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)	
Name of Authorized Transporter of	Castriguead das or 5.7 das			
	ilnit Sec. Twp. Rge.	Is gas actually connected?	When are nine line	
If well produces oil or liquids,	1 1 1	1	gas bibe line	
give location of tanks.	K 30 16S 36E	!	Does not make enough for	
If this production is commingled	with that from any other lease or pool	, give commingling order number:		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'	
Designate Type of Comple				
	Λ	X Total Depth	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.			
June 7, 1968	September 11, 1968	13,130'	13,087'	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Wildcat (Devonian)	Devonian	13,013°	13,019'	
Perforations			Depth Casing Shoe	
13,050' to 13,05	8,		13,122.66	
		ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
17-1/2"	13-3/8"	418.34	400	
<del></del>	9-5/8"	4191.57	500	
12-1/4"	5-1/2"	13122.66	740	
8-5/8"	2-3/8" Tuoing	13019	None	
	Z=3/8 TUDING			
	FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load o depth or be for full 24 hours)	se uses made or repaired or exceed sop asse	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
September 12, 19	68 September 23, 1968 Tubing Pressure	Casing Pressure	Choke Size	
Length of Test			1/2"	
24 hours	40#	Packer Water-Bbls.	Ggs-MCF	
Actual Prod. During Test	Oil-Bbls.			
205.05	205.05	88.43	93.6	
GAS WELL		Dala Continue Angel	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			-   Cl-2-   Cl-2-	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
I. CERTIFICATE OF COMPLI	ANCE	OIL CONSERV	VATION COMMISSION	
I. CERTIFICATE OF COMPLE	MITOE			
	1	APPROVED	, 19	
Cii base been complie	ed with and that the information give		111101	
I hereby certify that the rules a	and regulations of the Oil Conservation ed with and that the information given the best of my knowledge and belief		Thref	

Petroleum Engineer (Title)

(Date)

9-23-68

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

