NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMIS SANTA FE Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Sabine Production Company Address Suite 200, 619 West Texas, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) KX Change in Transporter of: Recompletion OIL Dry Gas To show transporters of oil & Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_\_ <del>-541</del> Jas -morr H. DESCRIPTION OF WELL AND LEASE Well No Pool Kind of Lease Lease No. N. Eidson Fee 1 Wildcat - Morrow State Federal C. Fee Location 660' Feet From The South Line and 660' West Unit Letter Feet From The 34 Township 15-S 34-E County Line of Section Range , NMPM, Lea Address (Give address to which approved copy of this form is to be sent) The Permian Corporation P. O. Box 3119, Midland, Tx 79701 Name of Authorized Transporter of Casinghead Gas or Dry Gas 💢 Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas P. O. Box 1492, El Paso, Tx 79999 Is gas actually connected? When If well produces oil or liquids, give location of tanks. `wp. 34 15 M 34 No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Same Res'v. Diff. Res'v. Deepen Plug Back Designate Type of Completion - (X) Х Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 9/15/76 1/27/77 13,375' 13,330 Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth 4075 GR Morrow 13,130 13,107 Depth Casing Sho Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET 17-1/2 <u>13-3/8</u> 399 400 sx  $\Pi$ 8-5/8 4530  $1340 \, \mathrm{sx}$ 7-7/8 5-1/2 13375 500 sx 13107 2-3/8 V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) OIL WELL Date of Test Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks New Well 1/27/77 Flowing Choke Size Tubing Pressure Length of Test Casing Pressure Otl-Bbls. Water - Bble. Gas - MCF Actual Prod. During Test **GAS WELL** Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Gravity of Condensate 4 hrs 1405 26.4 57 Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Orifice well Tester Packer 8/64 OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVÉD 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. TITLE.

Production Supervisor

March 2, 1977

(Date)

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.

RETURN)

1 19 2 1977

OIL COME OR MATCH COMM. BUILDS, N. M.