

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

1.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

Address 904 Hightower Bldg, Oklahoma City, OK 73102

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Designate purchaser of casinghead gas	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner n/a

II. DESCRIPTION OF WELL AND LEASE

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
J. V. Reed		#1	Townsend Wolfcamp	State, Federal or <u>Fee</u>	1
Location					
Unit Letter <u>NW SW</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>T 15 S</u> Range <u>R 35 E</u> , NMPM, <u>Lea</u> County					

D. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)			
Koch Oil Co			P.O. Box 2256 Wichita KS 67201			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)			
Gulf Oil Co (Warren)			P.O. Box 1589 Tulsa OK 74102			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	8-14-79

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Completion Data		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
Designate Type of Completion - (X)		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Dec 23, 1978	Feb 24, 1979		10,742 KB			10,700 KB			
Elevations (DF, RNB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3942 GR	Wolfcamp		10,652			10,565 KB			
Perforations						Depth Casing Shoe			
10,652-10,654; 10,662-10,664; 10,675-10,686						10,740			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test		
Feb 3, 1979	Feb 24, 1979	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	100# to -0-	280#	1"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	36	8	30

GAS WELL

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Coating Pressure (shut-in)	Choke Size

1. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

John Michalski

~~Production Accounting~~
(11/16)

FEB 1 1980

(Dujia)

OIL CONSERVATION DIVISION.

APPROVED Feb 11 1980, 19

BY Jerry Sexton Orig. Signed by Jerry Sexton

TITLE _____ Dist 1, Supv.

This form is to be filed in compliance with RULE 103.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 Form C-104 must be filed for each pool in multiple land units.