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SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
OIL				
GAS				
OPERATOR				
	OIL	OIL		

SANTA FE	REQUEST	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1	
U.S.G.S.	AND Effective 1-1-65			
LAND OFFICE	_ AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS	
1011				
TRANSPORTER GAS				
OPERATOR				
1. PRORATION OFFICE				
Operator				
Moran Explora	ition, Inc.			
	la Midland Tarras	70701		
Reason(s) for filing (Check proper bo	lg., Midland, Texas	79701		
New Well X	Change in Transporter of:	Oper (Please explain)	13 MOGT NAME TO	
Recompletion	Oil Dry G			
Change in Ownership	Casinghead Gas Conde	ensate CALAG	EPTION TO R-4970	
If change of ownership give name		1 200,00	27.1016	
and address of previous owner	74.5 <b>A</b> 12 K 26	ମ, କ୍ରେମ୍ବର ଅବସ୍ଥାନ ଅଧିକ୍ରିୟ । ମଧ୍ୟର ହେବ <b>ଅନ୍ୟୁକ୍ତ ଅଧିକ୍ରି</b> ୟ ।		
II Propinsion on the last	And the second s	TO THE REAL PROPERTY OF THE PR		
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Formation () Kind of Leas	50	
Gann		andie Well, State, Feder		
Location	1 11 11 11 11 11 11 11 11 11 11 11 11 1	www.	991	
Unit Letter D ; 86	00 Feet From The North	ne and 990 Feet From	The West	
		reet from	The Wood	
Line of Section 9 To	wnship 15 - S Range	36 - E , NMPM, Le	a County	
III. DESIGNATION OF TRANSPOR		AS		
Procoil, Inc.	or condensate	700 Dotr Dida 110	oved copy of this form is to be sent 202	
Name of Authorized Transporter of Co	singhead Gas X or Dry Gas	Address (Give address to which appro	O 16th, Denver, Co.	
Lease Use	,	The day of the approximation a	over copy of this form is to be sent)	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	nen	
give location of tanks.	D 9 15-S 36-E	No		
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:		
IV. COMPLETION DATA				
Designate Type of Completi	on - (X)   Oil Well   Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.	
Date Spudded	Date Compl. Ready to Prod.	New		
8-13-79	11-7-79	Total Depth 13685	P.B.T.D. 13678	
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3947 KB 3931 GL	Devonian	1364	13,360	
Perforations			Depth Casing Shoe	
13,649' - 1	3,664'		13,685	
		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
17 1/2"	13 3/8"48#H-40 Csg.		425 sx.	
	8 5/8"24&32#K-55 Cs	g. 4700'	2050 sx.	
7 7/8"	5 1/2"17#CF-95,N-80 2 7/8"6.5#N-80 Tbg.	csg. 13,685'	1950 sx.	
V TECT DATA AND DECUEST E	e e e e e e e e e e e e e e e e e e e		<del></del>	
V. TEST DATA AND REQUEST F		ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(ft, etc.)	
Test Tank, 11-6-79	11-7-79	Flow		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
8 hrs.	100	PKR	20/64"	
Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas-MCF	
	160	0	13	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		ļ		
VI. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION	
		<b>→</b> 2000 100 100 100 100 100 100 100 100 10	267	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED , 19		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Still Still		
		TITLE SUPERVIOUR	<b>4</b>	
	•	TITLE	TININGLA	
This form is to be filed in compliance with RU  If this is a request for allowable for a newly dr  well, this form must be accompanied by a tabulation tests taken on the well in accordance with RULE  All sections of this form must be filled out com  (Title)			·	
			vable for a newly drilled or deepened	
A LAND I A	ature)	tests taken on the well in accor	rdance with RULE 111.	
crif cent Office	(le)	All sections of this form mu	at be filled out completely for allow-	
11-14-79	•	able on new and recompleted we		
(Date)		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.		

well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply