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	SANTA FE	'
	FILE	
	u.s.g.s.	AUTHOR
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	PROBATION OFFICE	
	Operator	
	O'NEILL PROPERTIES, LTD.	
	Address	
	P. O. BOX 2840, MIDLAND,	TEXAS 7
	Reason(s) for filing (Check proper box)	
-	New Well	Change in 1
-	Recompletion	011
	Change in Ownership	Casinghead
	If change of ownership give name and address of previous owner	
	DESCRIPTION OF WELL AND I	EASE
	Lease Name	Lease No
	ORA JACKSON	
	Location	
1	Unit Letter K; 2173	Feet From
	Line of Section 5 Tow	nship 19S
	DESIGNATION OF TRANSPORT	ER OF OIL A
	DESIGNATION OF TRANSPORT	X or Cor
	TEXAS-NEW MEXICO PIPEL	NE COMPANY
	TEXAS-NEW MEXICO PIPELI Name o: Authorized Transporter of Cas	NE COMPANY
	TEXAS-NEW MEXICO PIPELI Name o: Authorized Transporter of Cas WARREN PETROLEUM COMPAN	NE COMPANY inghead Gas [] IY
	TEXAS-NEW MEXICO PIPELI Name o: Authorized Transporter of Cas	NE COMPANY
	TEXAS-NEW MEXICO PIPELI Name of Authorized Transporter of Cas WARREN PETROLEUM COMPAN If well produces oil or liquids, give location of tanks. If this production is commingled with	NE COMPANY inghead Gas VY Unit Sec. L 5 h that from any
	TEXAS-NEW MEXICO PIPELI Name o: Authorized Transporter of Cas WARREN PETROLEUM COMPAN If well produces oil or liquids, give location of tanks. If this production is commingled with	NE COMPANY inghead Gas VY Unit Sec. L 5 h that from any
	TEXAS-NEW MEXICO PIPELI Name o: Authorized Transporter of Cas WARREN PETROLEUM COMPAN If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded	NE COMPANY inghead Gas NY Unit Sec. L 5 h that from any $n - (X)$ Date Compl. Re
	TEXAS-NEW MEXICO PIPELI Name o: Authorized Transporter of Cas WARREN PETROLEUM COMPAN If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion	NE COMPANY inghead Gas NY Unit Sec. L 5 h that from any

ENGINEER

2-12-85

(Title)

(Date)

DISTRIBUTION SANTA FE		DNSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1
FILE		AND	Effective 1-1-65
u.s.g.s.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	GAS
LAND OFFICE		•	
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
O'NEILL PROPERTIES, LT	0.		
P. O. BOX 2840, MIDLAN	O, TEXAS 79702		
Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas	s	
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		Vind of Longo
Lease Name	1	ne, Including Formation	Kind of Lease State, Federal or Fee FEE
ORA JACKSON	3 SCHAF	RB BONE SPRING	bidie, redetal di 100 Tilli
Location Unit Letter K ; 21	73 Feet From The SOUTH Line	e and 2030 Feet From	n The WEST
5	ownship 198 Range 35	ŠE , NMPM,	LEA County
DECICE ACTION OF TRANSPOR	RTER OF OIL AND NATURAL GA	s	
Name of Authorized Transporter of O	il X or Condensate	Address (Give address to which appr	roved copy of this form is to be sent)
TEXAS-NEW MEXICO PIPE		BOX 2528, HOBBS, NEW	MEXICO 88240
Name or Authorized Transporter of C		Address (Give address to which app	roved copy of this form is to be sent)
WARREN PETROLEUM COMP.		BOX 1150, MIDLAND, TE	XAS 79702
If well produces oil or liquids,	Unit Sec. Twp. Rge.	10 945 4514-11	/hen
give location of tanks.	L 5 19S 35E	YES	11-3-82
If this production is commingled v	with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA			Plug Back Same Res'v. Diff. Res
Designate Type of Complet	ion - (X) X Gas Well	New Well Workover Despen	Plug Back Same 185 V
	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.
Date Spudded 9-23-84	11-29-84	10,183	10,160
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth
3884 GR	BONE SPRING	10,090	10,138
Perforations			Depth Casing Shoe
10,090 - 10,106' and			
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	390	420
11"	8-5/8"	4,000	1985
7-7/8"	5-1/2"	10,183	1st 770; 2nd 975
	2-3/8"	10,138	i
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load o pth or be for full 24 hours)	il and must be equal to or exceed top all
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
11-30-84	1-26-85	PUMPING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HOURS			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gan - MCF
14	14	80	10
GAS WELL	The state of the s	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bara. Condanadray Minder	
	Tubing Pressure	Casing Pressure	Choke Size
Testing Method (pitot, back pr.)	Tubild Lingaria		
. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	VATION COMMISSION
. CERTIFICATE OF COMPLIA	IACE	APPROVED FEB 1 5 1985 . 19	
and the state of t	d regulations of the Oil Conservation		
Commission have been complied	d regulations of the Oil Conservation I with and that the information given		
above is true and complete to	the best of my knowledge and belief.	BY	
		TITLE	
			in compliance with RULE 1104.
MILLIAM		1	towable for a newly drilled or deeper
(S)	gnature)	well, this form must be accome	ipanied by a tabulation of the deviat

tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo able 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 conditions and the section of t

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

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FEB 14 1985

O.C.D. HORES OFFICE