STATE OF NEW												
VERGY AND MINERALS		PARIMENI								Form C-104 Revised 104	11.78	
		OIL CONSERVATION DIVISION							Revised 10:01-78 Format 06-01-83			
DISTRIBUTION				OIL	CONS	ERVA	TION	DIVISIO	ЛС	Page 1		
ILE	-+-			P. O. BOX 2088								
7.1.C.8.				SANTA FE, NEW MEXICO 87501								
AND OFFICE				• .								
ANBPORTER OIL	hav an							ABLE				
PERATOR AN							•					
RORATION OFFICE			AUTH	IORIZA	TION TO			AND NATL	JRAL GAS			
1010101	, <u> </u>		سيرتقار فاعتوار			*					······································	
United Pet	ີກດີ		orati	on								
ddress	10.		<u>,01 a 01</u>	011							<u> </u>	
P.O. Box 2	2951	1, Roswel	1, Ne	w Mex	ico 8	8201			3			
eoson(s) for filing (CA	eck	proper box)						Other (Pleas	A PHIMPELEAL	GAS MUST	NOT RE	
X New Well			Chang	e in Tra	nsporter of	1:		1	TARED APTE	R		
Recompletion				11		Dr	y Gas UNLERS AN EXCEPTION TO RATE					
Change in Ownership			c	Casinghead Gas Condensa				densate IS CONSTRAID.				
change of ownership id address of previou DESCRIPTION C	18 01	wher	LEASE									
ease Name			Well	No. Poo	l Name, In	cluding F	ormation		Kind of Lease		Lagse No.	
Amoco "14" S-	tat	e	2		Pe	arl Qu	leen		State, Federat or I	Foo State	<u>IG-4233</u>	
Unit Letter P		: 355	Feel	From T)	• Eas	tLin	e and	330	Feel From The	South		
Line of Section	14	Towns	hip	<u>195</u>	R	ange	35E	, NMPI	M, Lea	······································	County	
I. DESIGNATION	OF	TRANSPO	RTER (			ATURAI	Address		to which approved c		to be sent)	
Koch Oil Company					Box 3609. Midland. Texas 79702 Address (Give address to which approved copy of this form is to be sent)							
Jame of Authorized Tro	inspo	orter of Caning	jhead Ga	s ()	or Dry Ga	s []	Address	(Give adaress	to writen approved t	copy of this form is	to be sent/	
I well produces oil or liquide,		de, U	nit	Sec.	Twp.	Rge.	ls que a	tually connec	ied? When	**************************************		
ive location of lanks.		۱ 	P	14	195	<u>: 35E</u>		No	ا سيميني <u>اور اور اور اور اور اور اور اور اور اور </u>			
this production is c	omm	ingled with (	that from	n any ot	her lesse	or pool,	give com	ningling ord	er number:			
OTE: Complete l	Parts	IV and V o	n rever	se side	if necessa	iry.						
. CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION						
ercby certify that the rules and regulations of the Oil Conservation Division have					APPR	OVED	APR 1 - 19	186	. 19			

11

en complied with and that the information given is true and complete to the best of knowledge and belief.

-

Jerry W. Frankler
(Signature)
Agent
(Tille)
3/04/86
(Date)

OIL CONSERVATION DIVISION	
APPROVED APR 1 - 1985	19
OHIGINAL SIGNED BY JERRY SEXTON	
BY DISTRICT I SUPERVISOR	
TITLE	

This form is to be filed in compliance with AULE 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.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

## . COMPLETION DATA

Designate Type of Completi	on (Y)	OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Bei	
		X	- 1	X	1	1		X	1	
the Epudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	Λ		
12/14/86	1/21/86			5175'						
Visione (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oll/Go			51651 Tubing Depth			
3478.0' GR	Penrose			4837 '			49391			
, 17 (Kalar) ja				· •						
4837-39(3), 4887-89(3)	<u>, 4898-9</u>	9(2), 49	01-04(4)	4907-09	9(3), 197	5-85(11)		5175 <b>'</b>		
		TUBING, O	CASING, ANI	CEMENTI	NG RECORD	2 02(11)		773*		
HOLESIZE	CASING & TUBING SIZE			T	DEPTH SE	and the second division of the second divisio				
12 1/4"		8 5/8	11	1600'			SACKS CEMENT			
<u> </u>	5 1/2"			5175'			630 sx Class 'C'			
5 1/2"	2 3/8"			49391			350 sx 50-50 Poz			
*				+	4727					
IEST DATA AND REQUEST	FOR ALLO	WABLE (7	'est must ba aj ble for this de	ter recovery a	of total volum	of load oll a	nd must be eq	ual to or exce	ed top allo	
e First New Oll Run To Tanks	Date of Tea					pump, gas lift			, 	
1/20/86		1/21/8	6		Pump					
igh of Test	Tubing Pres	isw's		Casing Pres			Choke Site			
24 hours										
ual Prod. During Test	Oil-Bbls.			Water-Bble.			Ggs - MCF			
32 bbls		12			20			+		
					~~~~		65	tm		
WELL val Prod. Test-MCF/D										

Studi Prod. (BEL+MCF/D		Length of Test							
			Bbls. Condensate/MMCF	Gravity of Condensate	Į				
reting Method (pitot, back pr.)		Tubing Pressure (Shut-in)			1				
		( americal	Casing Pressure (Shut-1A)	Choke Size					

