NEW MEXICO OIL CONSCIONATION COMMISSION 101m C-104 SANTA FE Supersedes Old C-103 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE Western Oil Producers, Inc. P. O. Box 2055, Roswell, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) [X]Recompletion Oil Dry Gas Condensate Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation Kind of Lease State M 1 Osudo Devonian Location

Legsa No. B-9131-State, Federal or Fee State North Line and _ 1980 660 West Feet From The Feet From The Unit Letter 32 20S 36E Lea , NMPM, County Line of Section Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil The Permian Corporation Houston, Texas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔀 El Paso Natural El Paso, Texas Is gas actually connected? When Unit P.ge. If well produces oil or liquids, Yes 4--15-72 give location of tanks. Νo If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. Gas Well New Well Workover Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. 12,625 Top Oil/Gas Pay 12,619 Tubing Depth 12-22-71 10-4-71 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 12,489 Depth Casing Shoe 12,525 G.L. 3636 Devonian Perforations 12,552-56,12,562-66, 2-28 shots/ft 12.624 12,528-30, 12,535-37, TUBING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT CASING & TUBING SIZE HOLE SIZE 17-1/2 380 13-3/8 circ. 500 sx. 5256 12 - 1/49-5/8 400 sx. 10,866 8-3/4 6-1/4 4-1/2 10,123-12,624 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date of Test Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Choke Size Casing Pressure Length of Test Tubing Pressure Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test

GAS WELL									
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate						
5,000,000	24 hrs.	30	56.7						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
Flow	3747	0 packer	17/64						
, 100									

VI	CERTIFICATE	OF	COMPL	JANCE

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.

A read Canal (Signature)
(Signature)
Superintendent
(Title)
4-18-72
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 16 1972	
BY DING	_
SUPERVISOR DISTRICT I	_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despended 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.