HO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
THANS ON EK	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMIS 1	Form C-104	
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11	
	FILE	AND Effective 1-1-65			
	U.S.G.5,	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	LAND OFFICE	_ AUTHORIZATION TO TR	ANSPURT OIL AND NATURAL (	GAS	
	<del></del>				
	IRANSPORTER OIL				
	GAS				
	OPERATOR				
	PRORATION OFFICE				
1.	Operator				
	Walter W. Krug	DBA Wallen Producti	on Company	•	
	Address				
	P. O. Box 1960	Midland, Texas	79701		
	Reason(s) for feling (Check proper bo	illuranu, rekas	Other (Please explain)		
	New Well	•	CASINGHEAD GAS	AND MANY MANY MANY TO SEE	
		Change in Transporter of:			
	Recompletion	OII Dry G			
	Change in Ownership	Casinghead Gas Conde	ensate UNLES AN EXCE	PTION TO DAME	
1			18 OB CAINED.		
	If change of ownership give name	THIS WELL HAS BEEN P	,	•	
	and address of previous owner	DESIGNATED BELOW. IF	VOIL DO NOT CONTID		
		NOTIFY THIS OFFICE.	TOO DO NOT CONCOR		
II.	DESCRIPTION OF WELL AND				
ì	Lease Name	Well-No. Pool Name, Including F	Formation Pool Kind of Lease	Lease No.	
	Unlian Fodomal	O 37 The car 37 - had	10	l br Fee	
	Wallen Federal	8-Y Teas, Yates,	Seven Rivers	NM 1327	
l	<u> </u>		2.29.		
	Unit Letter K : 23	Feet From The C Li	ne and 229 Feet From	The M	
		<del></del>			
	Line of Section 18 To	ownship 20S Range	34E , NAPA, Lea	Company	
			J-b / M. Lea	County	
ш.,		TER OF OIL AND NATURAL G	AS		
	Name of Authorized Transporter of Of	or Condensate	Address (Give address to which approx	ped copy of this form is to be sent)	
i	Texas New Mexico P	ipeline	221 North Colorado	St.Midland, Texas	
ļ	Name of Authorized Transporter of Co		Address (Give address to which approx	ped copy of this form is to be sent)	
- }	none	1,,,,,	no ne		
- 1	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n to sell	
1	give location of tanks.	K 18 20 34	no w	hen we have enough	
,	If this and until a name in all of the	ith that from any other lagge or neel		<b>b</b>	
	•	ith that from any other lease or pool,	give committeling order number:		
٠,	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.	
ı	Designate Type of Completi	ion (Y)		1 ray back   balle ites t.   bitt. ites t.	
Ĺ			<u> </u>	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	10/20/75	1/26/76 awage	-1/16/76 3562	3562	
- 1	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
- 1					
1	GR_3614	Yates	Top 3330	3530	
- 1	Perforations	•	•	Depth Casing Shoe	
	3516-13 and 341	3-10		3562	
Ţ		TUBING, CASING, AN	D CEMENTING RECORD		
- 1	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	CACKE CENENT	
}				SACKS CEMENT	
L	17"	16"	100'	380 sxs class "c"	
	15"	13 3/8"	268'	mudded in pulled	
Γ	12岁"	10 3/4"	614'	mudded in pulled	
ľ	10"				
L		70	1100 3258	1150 sxs class c/2ge	
	TEST DATA AND REQUEST F	UK ALLUWABLE (Test must be a	after recovery of total volume of load oil o	and must be equal to or exceed top allow-	
_	OIL WELL		epth or be for full 24 hours)		
1	Date First New Oil Run To Tanks	Date of Test	Producing Method ( $Flow$ , pump, gas $lif$	i, etc.)	
- 1	3 /7 /76	3 /8 /76	pumping		
- }	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				1	
- 1	0/ 1				
ļ-	24 hours		60 psi		
	24 hours Actual Prod. During Test	Oil-Bbis.	60 psi	Gas-MCF	
-	Actual Prod. During Test	Oil-Bbls.		Gas-MCF TSTM	
	Actual Prod. During Test 82 bb1s	Oil-Bbls.			
<u>ן</u>	Actual Prod. During Test 82 bbls GAS WELL	Oil-Bbls. 82	Water-Bbls.	TSTM	
	Actual Prod. During Test 82 bb1s	Oil-Bbls.			
	Actual Prod. During Test 82 bbls GAS WELL	Oil-Bbls. 82	Water-Bbls.	TSTM	
	Actual Prod. During Test 82 bbls GAS WELL	Oil-Bbls. 82	Water-Bbls.	TSTM	
	Actual Prod. During Test 82 bbls  GAS WELL Actual Prod. Test-MCF/D	Oil-Bbls. 82 Length of Test	Mater-Bbls. 6  Bbls. Condensate/M:4CF	T.S.T.M	
	Actual Prod. During Test 82 bbls  GAS WELL Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)	Oil-Bbls.  82  Length of Test  Tubing Pressure (Shub-is)	Bbls. Condensate/MMCF  Casing Pressure (5but-in)	T S T M  Gravity of Condensate  Choke Size	
	Actual Prod. During Test 82 bbls  GAS WELL Actual Prod. Test-MCF/D	Oil-Bbls.  82  Length of Test  Tubing Pressure (Shub-is)	Bbls. Condensate/MMCF  Casing Pressure (5but-in)	T.S.T.M	
	Actual Prod. During Test 82 bbls  GAS WELL Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)	Oil-Bbls.  82  Length of Test  Tubing Pressure (Shub-is)	Bbls. Condensate/MMCF  Casing Pressure (5but-in)	T S T M  Gravity of Condensate  Choke Size	
71. (	Actual Prod. During Test  82 bbls  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN	Oil-Bbls.  82  Length of Test  Tubing Pressure (Shub-in)	Bbls. Condensate/MMCF  Casing Pressure (5but-in)	T S T M  Gravity of Condensate  Choke Size	
ï. (	Actual Prod. During Test 82 bbls  GAS WELL Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN hereby certify that the rules and	Oil-Bbls.  82  Length of Test  Tubing Pressure (Shut-in)  CE  regulations of the Oil Conservation	Water-Bbls. 6  Bbls. Condensate/MACF  Casing Pressure (Sbut-in)  OIL. CONSERVA	T S T M  Gravity of Condensate  Choke Size	
'I. (	Actual Prod. During Test 82 bbls  GAS WELL Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN  hereby certify that the rules and Commission have been complied	Oil-Bbls.  82  Length of Test  Tubing Pressure (Shub-in)	Water-Bbls. 6  Bbls. Condensate/MACF  Casing Pressure (Sbut-in)  OIL. CONSERVA	T S T M  Gravity of Condensate  Choke Size	

Waller	Dr. Krug	
•	(Signature)	
Engineer	(Title)	
2 0 1076	,	

(Dace)

APPROXE				
BY	erry	Sef	<u> </u>	
TITLE _	$S = \mathcal{O}$			

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 MULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fitl out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

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

The state of the s

F. # 11976

CORREGUATION CORRE