DISTRIBUTION NEW MEXICO OIL CONSERVATION COMM' Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Elle tive 1-1-65 FILE AND U.S.G.5. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE THE THE Operator 4/:78 ARTER CODE <u>Jake L. Hamon</u> CEPTION TO SAME S CETALNED. 611 Petroleum Building, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) X New Well Change in Transporter of: Recompletion Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Osudo Pool Name, Includir Well No. Kind of Lease State, Federal or Fee Fee Hamon-Samedan Petty Undesignated Bone Spring Location 1980 Feet From The West Line and 660 __ Feet From The ___South 20-S 36-E Township Range NMPM Lea DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Box 3119, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) 79701 The Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas Sec. Twp. P.ge. Unit Is gas actually connected? When If well produces oil or liquids, give location of tanks. N 8 20-S +36-E No If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Res'v. Diff. Res'v. Oll Well New Well Gas Well Designate Type of Completion - (X) X X Total Depth Date Spudded Date Compl. Ready to Pred. P.B.T.D. 8-29-80 2-12-81 11,688 10,115' Elevations (DF, RKB, RT, GR, etc.) Top OU/Gas Pay Name of Producing Formation Tubing Depth 3622.2' GR 8,233' Bone Spring 8,773 Depth Casing Shoe 8834' to 40' 10,558' TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE 17-1/2" 13-3/8" 365' 400 9-5/8! 5,506' 12-1/4" 3,400 8-3/4" 7" 10,558 705 2" 11,566' 2-3/8" tubing set in 7" casing at 8,773' (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) 6-1/8" 5-1/2" TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oll Run To Tanks Producing Method (Flow, pump, gas lift, etc.) 1/19/81 2/16/81 Flow Choke Size Casing Pressure Tubing Pressure Length of Test 24 hours 50# Packer 1/4 Oil - Ebla Water - Bble. Gas - MCI Actual Prod. During Test 64 58 **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION CERTIFICATE OF COMPLIANCE APPROVED I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

Petroleum Engineer

February 17, 1981

(Title)

(Date)

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

2/21

N-6698

Lease No.

County

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 viells.

Fill out only Sections 1, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.