DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SA TAFE Form C-104 REQUEST FOR ALLOWABL FILE Supersedes Old C-104 and C-116 Effective 1-1-65 AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS L' ND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator MORRIS R. ANTWEIL P. O. Box 2010, Hobbs, NM 88240 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion 011 Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Lease Nam Well No. Pool Name, Including Formation Kind of Lease Lease No. Ike West Nadine Blinebry State, Federal or Fee Location Fee Unit Letter_ _:_1980 __ Feet From The <u>South</u> Line and _ 660 _ Feet From The East Line of Section 5 Township 20s Range 38E , NMPM. Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent) The Permian Corporation Name of Authorized Transporter of Casinghead Gas XX or Dry Gas O. Box 1183, Houston, TX 77001 less (Give address to which approved copy of this form is to be sent) Warren Petroleum Corporation P. O. Box 1589, Tulsa, i K 74102 Twp. If well produces oil or liquids, give location of tanks. Unit Ege. Is gas actually connected? 20s 38E Yes August 6, 1981 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion -(X)Oil Well New Well Workover Plug Back | Same Resty. Diff. Resty. X Х Date Compl. Ready to Prod. Total Depth P.B.T.D. May 24 1981 November 21, 1981 May 24, 1701 Elevations (DF, RKB, RT, GR, etc.) 7130 <u>6210</u> Name of Producing Formation Top Oil/Gas Pay Tubing Depth 3581' GR Blinebry <u>5964</u> Perforations 6161 Depth Casing Shoe 5964-6061½ (16 holes) 7130 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 12-1/4" 8-5/8" 1500' 7-7/8" 750 sx4-1/2" 7130' 700 sx 2-3/8" 6161 V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Mun To Tanks	Date of Test	Producing Method (Flow, pump, gas li	6 222
November 21, 1981	December 4, 1981	1	
Length of Test	Tubing Pressure	Pump Casing Pressure Choke Street	
24	!	Carrid Liassiff	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	63.5	3	47.38

Actual Prod. Test-MCF/D			
Acted Pide. 1001-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

. CERTIFICATE OF COMPLIANCE

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.

Davi D. 1				
Nous sneed				
(Signature)				
Production Clerk				
(Title)				
December 7, 1981				

(Date)

OIL CONSERVATION COMMISSION

APPROVED . 19 Orig. Signed he Oil & Gas Inor TITLE .

This form is to be filed in compliance with RULE 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, yell name or number, or transporter, or other such change of condition.