1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE ODEUT	R	EQUEST	CONSERVATION COMMISS Form C-104 FOR ALLOWABLE AND CANSPORT OIL AND NATURAL GAS								
	Sam D. Ares Address Address O/O Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) New We!l Other (Please explain)											
	Recompletion Change in Ownership	(Cil Casinghead	Ĩ	as							
	If change of ownership give name							···				
	and address of previous owner) LEAS										
	Lease Name State JCT			Pool Name, In Jalma	-	ormation	Kind of Le State, Fede		Lease No.			
	Location	, i.							te <u>B-1431</u>			
	Unit Letter;9	60	Feet From	The North	Lir_Lir	ne and 1980	Feet Fro	n The Ea	st			
	Line of Section 16 To	ownship	23 1	B F	Range	36 E , 1	IMPM.	8	County			
•	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil () or Condensate () Address (Give address to which approved copy of this form is to be sent)											
	Name of Authorized Transporter of O. Sourlock Oll Company	11 👗	or Con	idensate 📃		i i		roved copy of this p Midland, T				
	Name of Authorized Transporter of C	asinghea	d Gas 🗌	or Dry Go	IS	Address (Give add	ress to which app	oved copy of this j	form is to be sent)			
	If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually cor	nected? V	'hen				
	give location of tanks.	G		238	36E	No			· · · · · · · · · · · · · · · · · · ·			
	If this production is commingled with that from any other lease or pool, give commingling order number:											
	Designate Type of Completion - (X)					New Well Works	ver Deepen	Plug Back So	ame Restv. ¹ Diff. Restv			
	Date Spudded Date Compl. Ready to Prod.					Total Depth		P.B.T.D.	<u>.</u> k			
	Elevations (DF, RKB, RT, CR, etc., Name of Producing Formation					Top Oll/Gas Pay		Tubing Depth				
	Perforations							Depth Casing S				
	Periodianona				Depth Odsing S							
	TUBING, CASING, AN					D CEMENTING RECORD		SACH	SACKS CEMENT			
		-										
l						! 			·····			
	TEST DATA AND REQUEST F OIL WELL	OR AL	.LOWABI	LE (Test able)	must be aj for this de	fter recovery of total pth or be for full 24 i	volume of load of lours,	l and must be equa	to or exceed top allow-			
	Date First New Oil Run To Tanks Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubin	g Pressure			Casing Pressure		Choke Size				
	Actual Prod. During Test	Oil-B	ble.			Water - Bbls.		Gas-MCF	<u> </u>			
	GAS WELL											
ſ	Actual Prod. Test-MCF/D	Length	h of Test			Bbls. Condensate/)	MMCF	Gravity of Cond	lensate			
	Testing Method (pitot, back pr.)	Tubing	j Pressure	(Shut-in)		Casing Pressure (S	hut-in)	Choke Size				
	CERTIFICATE OF COMPLIANCE					OIL CONSERVATION COMMISSION						
1						APPROVED, 19						
¢	Commission have been complied v bove is true and complete to the	with and	d that the	informatio	n given							
			•			1						
	11 11 11							compliance with				
	(Signature)					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						
_	Agent					tests taken on t	he well in acco	rdance with RUL	E 111. completely for allow-			
-	(Ti) 5/21/73	(Title) 5/21/73					i recompleted w	ells.				
					••	101144 S. A.	V Canalana V		r chenges of ourse			
_		ite)				well name or nur	nber, or transpo	ter, or other such	r changes of owner, change of condition. ach pool in multiply			

DISTRIBUTION SANTA FE		CONSERVATION COMMISS	Form C -104						
FILE		T FOR ALLOWABLE	Supersedes Old C-104 and						
U.S.G.S.		AND RANSPORT OIL AND NATURAL	Effective 1-1-65						
LAND OFFICE		NONSFORT UIL AND NATURAL	GAS						
IFANSPORTER OIL GAS									
OPERATOR									
PRORATION OFFICE									
Operator San D. Ares									
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240									
Reason(s) for filing (Check proper	box)	Other (Please explain)	·V						
New Well Recompletion	Change in Transporter of:		and the second						
Change in Ownership	Oil Dry Casinghead Gas Cond	Gas La densate							
If change of ownership give name	e								
and address of previous owner									
DESCRIPTION OF WELL AN Lease Name	D LEASE Vell No. Pool Name, Including	Formation Kind of Leas	ie i zaro bi						
State JCT	2 Jalmat Oi	_	Lease No. Dist Fee State B-1431						
Location G 10	980 North	1000							
Junt Letter	Feet From The	ine and Feet from .	The Bast						
Line of Section 16	Township 238 Range	36 B , NMPM, Lea	Count						
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)									
Texas-New Mexico Pipe	Line Co.	Box 1510, Midland, Tex	xas 79701						
Name of Authorized Transporter of (Casinghead Gas 🗌 or Dry Gas 🦲	Address (Give address to which approx	ved copy of this form is to be sent)						
	Unit Sec. Twp. Ege.	is gas actually connected? Whe	o-						
If well produces cil or liquids, give location of tanks.	6 16 238 36E		e a						
f this production is commingled	with that from any other lease or pool								
COMPLETION DATA	Oil Well Gas Well								
Designate Type of Complete	diam = (X)	New Well Worksver Deepen	Plug Back Same Resty. Diff. Res						
Date Spudded	Date Compl. Ready to Prod.	Total Deptn	P.B.T.D.						
Workever began 12/5/7 Elevations (DF, RKB, RT, GR, etc.,	2 12/30/72 Name of Producing Formation	3600	3597						
3459 GR	Seven Rivers	Tep 011/Gas Pay 3354	Turing Depth 3300						
Perforations 3354-55, 3426-30			Depth Casing Shoe						
///T-//\$_/\$69"2V	TUBING, CASING, AN	D CEMENTING RECORD	3600						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
<u>12 1/4</u> 7 7/8	8 5/8	304	200						
1 1/0	<u>5 1/2</u> 2 3/8	3600	500						
			<u>+</u>						
EST DATA AND REQUEST I	able for this d	ifter recovery of total volume of load oil a epth or be for full 24 hours)	-						
Date First New Oil Run To Tanks 12/30/72	Date of Test 5/4/73	Producing Method (Flow, pump, gas lift Pump	i, eic.)						
ength of Test	Tubing Pressure	Casing Pressure	Choke Size						
24 hours	50# Oil-Bbls.	Vater - Bbis.	Gas - MCF						
147 bbls fluid	144	3	10						
AS WELL	I enable of Test								
·····	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate						
Cesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
ERTIFICATE OF COMPLIAN	CE	OIL CONSERVAT	TION COMMISSION						
hereby certify that the sules and	regulations of the Oil Conservation	APPROVED							
mmission have been complied	with and that the information given		•						
ove is true and complete to th	e best of my knowledge and belief.	BY							
<i>i</i> -	<u>.</u>	TITLE	<u> </u>						
lignore bl	11/120	This form is to be filed in compliance with RULE 1104.							
IL Ansile fle	UCC/2 atwel	If this is a request for allowable for a newly drilled or deepened well, the form must be accompanied by a tabulation of the deviation							
Agent		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells.							
(Ti	tle)								
5/9/73		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							
(De	ite)								
(D)	zte)								