	NO. OF COPIES RECEIVED DISTRIBUTION ' SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST FO	SERVATION COMMISSION OR ALLOWABLE AND SPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
1.	IRANSPORTER OIL GAS GAS GAS OPERATOR Imperial - American Management Company Address GOT Midland Savings Building, Midland, Texas 79701 Reason(s) for filing (Check proper box) Change in Transporter of: New Well Oil Dry Gas Recompletion Oil Dry Gas Request Testing Allowable of 134 barrels								
	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND L	FASE		Lease No.					
11.	Lease Name Lease Name Location Unit Letter 0 ; 198	0 Feet From The East Line	and 660 Feet From Th	Fee Federal NM-029029					
111	Line of section 0	TER OF OIL AND NATURAL GAS							
	The Permian Corporation Name of Authorized Transporter of Cas None	inghead Gas or Dry Gas	P. 0. Box 3119 Midland, Address (Give address to which approve Is gas actually connected?	d copy of this form is to be sent					
	give location of tanks.	If well produces oil or liquids,							
IV	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.					
	Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Perforations	tions Depth Casing Shoe							
			CEMENTING RECORD	SACKS CEMENT					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET						
•	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	opth of be for juil 24 hours	and must be equal to or exceed top allow-					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)					
1		Tubing Pressure	Casing Pressure	Choke Size					
	Length of Test		Water - Bbls.	Gas-MCF					
	Actual Prod. During Test	Oil-Bbls.							
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
			OIL CONSERVA	TION COMMISSION					
	I. CERTIFICATE OF COMPLIAN		APPROVED	, 19					
	I hereby certify that the rules and Commission have been complied above is true and complete to t	i regulations of the Oil Conservation with and that the information given he best of my knowledge and belief.	BY A Ching						
	<i>/</i>)	TITLE	compliance with RULE 1104.					
	the state	Camen	If this is a request for allo	wable for a newly drilled or deepened aniad by a tabulation of the deviation					
	(Si,	gnature)		ordance with RULE 111. ust be filled out completely for allow-					
	Operations Super	intendent Tille)	able on new and recompleted	The set MT for changes of owner,					
	August 12, 1970	(Date)	able on new and recomplete 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 multipl completed wells.						

1

8.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Tmperial-American M Address 507 Midland Savings Reason(s) for filing (Check proper box) New We!1	REQUEST FO AUTHORIZATION TO TRAN anagement Co. Bldg. Midland, Tex Change in Transporter of:	Other (Please explain)					
	Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND L Lease Name	Casinghead Gas Condense		Lease No.				
111.	Federal G.S.P. I Wantz Abo Location Unit Letter 0 ; 1980 Feet From The East Line and 660 Feet From The South Unit Letter 0 ; 1980 Feet From The East Line and 660 Feet From The South Line of Section 6 Township 22-S Range 38-E , NMPM, Lea County							
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is Box 3119-Midland, Texas Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is Name of Authorized Transporter of Casinghead Gas or Dry Gas Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is None None If well produces oil or liquids, qive location of tanks. Unit Sec. Twp. Ege. Is gas actually connected? When If this production is commingled with that from any other lease or pool, give commingling order number:								
IV	COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	On wen de wee	New Well Workover Deepen Total Depth Top Oil/Gas Pay	Plug Back Same Res'v. Diff. Res'v.				
	Perforations							
		TUBING, CASING, AND	CEMENTING RECORD					
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	HOLE SIZE							
		1						
				nd must be equal to or exceed top allow-				
v	. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af able for this de	fter recovery of total volume of load oil a pth or be for full 24 hours)					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)				
	Date First New OIL Run 10 Lans			Chaha Siza				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	The LD L During Treat	Oil-Bbls.	Water - Bbls.	Gas - MCF				
	Actual Prod. During Test							
	I							
	GAS WELL	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate				
	Actual Prod. Test-MCF/D	_		Choke Size				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)					
v	I. CERTIFICATE OF COMPLIAN I hereby certify that the rules and Commission have been complied above is true and complete to th	CE regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.	APPROVED BYRVISOR DISTRICT \$					
	6.0	ſ		compliance with RULE 1104.				
	N.J. Lus	ham	If this is a request for allowable for a newly drilled or deepened the formation of the deviation of the deviation					
		nature)	I Anten on the Wall IN BUCVI	dance with RULE 111. at be filled out completely for allow-				
	Production Cler	k iiile)	I able on new and recompletion we	P14 .				
		••••/	able on new and recompleted works					

12 -12-69	
(Date)	

able on new and recompleted wells.	
Fill out only Sections I. II. III, and VI for changes well name or number, or transporter, or other such change of	of owner, condition.
well name of figureery at the	

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

	NO. OF COPIES RECEIVED DISTRIBUTION GANTA FE FILE J.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE		RALLOWABLE ND PORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
A. i	Operator	perator							
	Imperial-American Management Co.								
1	Address 507 Midland Savins	s BldgMidland, Texas							
	Reason(s) for filing (Check proper box New Well Recompletion	Change in Transporter of: Oil X Dry Gas Casinghead Gas Condensat	Other (Please explain)	ry 1,1970					
L	Change in Ownership								
I 6	f change of ownership give name and address of previous owner								
11	DESCRIPTION OF WELL AND	LEASE DualOalso Abo All	ow Effec. 6-24-69 Kind of Lease	Lease No.					
•••	Lease Name			Fee Federal NM-029029					
	Federal G.P.S.	1 Blinebry (e		(and b					
		80 Feet From The East Line c	and <u>660</u> Feet From The	South					
		28	-Е , NMPM,	Lea County					
	Line of Section 6 To	ownship 22-S Range 30	/ ≠ <u>ri</u>						
	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Address (Give address to which approved	copy of this form is to be sent)					
	Name of Authorized Transporter of O	il St or Condensate	Andress (live address to direct pr	2285					
	Bormain Corporation)	Box 3119 - Midland, Te Address (Give address to which approved	copy of this form is to be sent)					
	Name of Authorized Transporter of C								
	None	Unit Sec. Twp. P.ge.	Is gas actually connected? When						
	If well produces oil or liquids, give location of tanks.	0 6 22-S 38-E		······································					
IV.	If this production is commingled v COMPLETION DATA Designate Type of Complete	Un wen Gab	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.					
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	Date Spudded		Top Oil/Gas Pay	Tubing Depth					
	Elevations (DF, RKB, RT, CR, etc.	Name of Producing Formation							
				Depth Casing Shoe					
	TUBING, CASING, AND CEMENTING RECORD								
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT					
	HOLE SIZE	CASING & TUBING SIZE	<u>DEFINICE</u>						
			1	nd must be equal to or exceed top allow					
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 allow- able for this depth or be for full 24 hours)								
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life						
	Date Filet tien of the		Casing Pressure	Choke Size					
	Length of Test	Tubing Pressure							
	Test	Oll - Bbls.	Water-Bble.	Gas-MCF					
	Actual Prod. During Test								
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
	Actual Prod. Test-MCF/D			Choke Size					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)						
			OIL CONSERVA	TION COMMISSION					
١	I. CERTIFICATE OF COMPL	IANCE		5,1969					
		and regulations of the Oil Conservation ed with and that the information given	APPROVED	1. 11 A					
	I hereby certify that the rules Commission have been compli	and regulations of the Ori Commation given led with and that the information given the best of my knowledge and belief.	BY						
	above is true and complete to	o the best of my knowledge and belief.	TITLESERVIS	SOR DISTRICT					
	、	-	and the stand to	compliance with RULE 1104.					
	6	ham	If this is a request for allo	wable for a newly drilled of deviati					
	d. D. Hus	(Signature)	well, this form must be accompariance with BULE 111.						
	Production Cle		- All sections of this form m	TEL De ITTer our compression					
			I new and recompleted .						

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ction	Clerk	
	(Tiile) 12-12-69	
	(Date)	

esti	A11	secti		f this	form	must	be	filled	i out	c	mpletely	lor	allow
											changes		
			only	Sectio	ns I	. 11.	ш.	enu	AT .				dition

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.

1	NO. OF COPIES RECEIVED			1			
	DISTRIBUTION	NEW MEXICO OIL CON REQUEST FC		Form C-104 Supersedes Old C+104 and C+110			
-	SANTA FE	IN 09 KEQUEST FO		Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GA	AS			
-	LAND OFFICE OIL			1			
	GAS GAS						
ı. [-	PRORATION OFFICE		·				
	IMIERIAL - AMERICAN MA	NAGEMENT COMPANY					
	Address 507 Midland Savings Bl	dg. <u>Midland</u> , Texas		<u> </u>			
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)				
	Recompletion	Oil Dry Gas					
	Change in Ownership X	Casinghead Gas Condenso					
ب ^و "	f change of ownership give name nd address of previous ownerS	OLAR OIL COMPANY Box	5596 Midland, Texas	······································			
(I. 1	DESCRIPTION OF WELL AND L	EASE Dual-also Abo Allow	Effec. 6-24-69 Matter Kind of Lease	Lease No.			
	Federal G.P.S.	Blinebry (ext.)	State, Federal				
	Location		and 660 Feet From 7	sheSouth			
	Unit Letter 0 1980		· · · ·	County			
	Line of Section 6 Tow	nship 22-S Range 38-	E, NMPM, Lea	· · · · · · · · · · · · · · · · · · ·			
n.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approx	ved copy of this form is to be sent)			
	Name of Authorized Transporter of Oli Admiral Crude Oil		Box 1713 Midland, Address (Give address to which appro	Tovas			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (live address to which applo	1			
	None	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	en			
	lf well produces oil or liquids, give location of tanks.	0 6 22-S 38-E	Lucilian erder number:				
	If this production is commingled with	th that from any other lease or pool, (Plug Back Same Res'v. Dill. Res'v.			
IV.	COMPLETION DATA Designate Type of Completion	on - (X)	New Well Workover Deepen				
	Designate Type of Comptend	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
		Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)			Depth Casing Shoe			
	Perforations						
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING DILL					
			*				
				il and must be equal to or exceed top allow			
v	. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, gas				
	OIL WELL Date First New Oil Run To Tanks	Date of Test		Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure				
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas - MCF			
	Actual From East						
	GAS WELL		Bble. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test		Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)				
	VI. CERTIFICATE OF COMPLIA	INCE	OIL CONSER	VATION COMMISSION			
		the Oli Conservatio	APPROVED	, 19			
	I hereby certify that the rules as Commission have been complie	nd regulations of the Oil Conservatio d with and that the information give the best of my knowledge and belie	п f. вү	Kang			
	above is true and complete to		TITLE	//			
	[·	1 2/2/2	This form is to be filed	in compliance with RULE 1104. llowable for a newly drilled or deepen monnied by a tabulation of the deviati			
	Cant	Altenty	well, this form must be acco	providence with RULE 111.			
, 4	¥	Signature)	tests taken on the work in must be filled out completely for all. All sections of this form must be filled out completely for all.				
	Area Manag	(Title)	able on new and recompteted	and the obsores of own			
	October 24	(Date)	well name or number, or trans Separate Forms C-104	Fill out only Sections I, II, III, and VI for changes of condit well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filed for each pool in mult			

October	24, 1969
	(Date)

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NO. OF COPIES RECEIVED	NEW MEXICO OIL CONSER	RVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
DISTRIBUTION SANTA FE	REQUEST FOR	ALLOWABLEWEBS AFFICE OF	Fliective 1-1-65
FILE	ANE AUTHORIZATION TO TRANSPO	1	
U.S.G.S.	AUTHORIZATION TO TRANSPO	IU OB AM	' 59
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR	·		
PRORATION OFFICE			
INTERIAL - AMERICAN MA	ANAGE MENT COMPANY	· · · · · · · · · · · · · · · · · · ·	
Address	and the Manager	Other (Please explain)	
507 Midland Savings B Reason(s) for filing (Check proper box)		Other () leade out a	
New Well	Change in Transporter of: Oil Dry Gas		
Recompletion	Casinghead Gas Condensate		
Change in Ownership X	COLAR OTL. COMPANY BOX 5	596 Midland, Texas	and the second statement of the second statement of the second statement of the second statement of the second
If change of ownership give name and address of previous owner	SOLAR OIL COMPANY BOX 5		. •
	LEASE	tion Kind of Lease	Lease No.
I. DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Forma Wantz Abo	ition Rind of Leader State; Federal of	Fee Federal NM 029029
Federal G.P.S.			South
	80 Feet From The East Line or	nd Feet From The	
Unit Letter 0 ; 19		8-E , NMPM,	Lea County
Line of Section 0	ownship 22-5 Hunge		
TRANSPORT	TER OF OIL AND NATURAL GAS	ddress (Give address to which approved	copy of this form is to be sent)
III. DESIGNATION OF TRANSPORT			
		Box 1713 Midland, Te Address (Give dddress to which approved	copy of thes former
Admiral Crude OIL Name of Authorized Transporter of C		is gas actually connected? When	
None	Unit Sec. I no_C 128-F		
If well produces oil or liquids, give location of tanks.		ive commingling order number:	
If this production is commingled	0 6 22-3,30 2	New Weil Workover Deepen	Plug Back Same Res'v. Dill. Res'v.
IV COMPLETION DATA	Oil Well Gus non		P.B.T.D.
Designate Type of Comple	Date Compl. Ready to Prod.	Total Depth	P.B.1101
Date Spudded		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.	.; Name of Producing Formation		Depth Casing Shoe
		· · · · · · · ·	
Perforations	A LEAST AND	D CEMENTING RECORD	SACKS CEMENT
1	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMEN
HOLE SIZE			
	······		
			i must be dougt to or exceed top allow
	TOP ALLOWABLE (Test must be c	after recovery of total volume of load oil epth or be for full 24 hours).	and must be equation
V. TEST DATA AND REQUES	able for this a	Producing Method (Flow, pump, gas li	ft, etc.)
OIL WELL Date First New Oil Run To Tank	Date of Test		Choke Size
	Tubing Presewre	Casing Pressure	
Length of Teet		Water-Bbls.	Gas + MCF
Actual Prod. During Test	Oil-Bble.		
		Bbls. Condensate/MMCF	Gravity of Condensate
GAS WELL Actual Prod. Test-MCF/D	Length of Test	(chut-in)	Choke Size
the sector of th	J Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	
Testing Method (pitot, back pr.			VATION COMMISSION
VI. CERTIFICATE OF COME	LIANCE		, 19
		on APPROVED	Kanen
I hereby certify that the rul	es and regulations of the Oli Conservati nplied with and that the information giv a to the best of my knowledge and beliv	ef. BY	a march and
above is true and complete	nplied with and that the information giv nplied with and that the information giv to the beat of my knowledge and beliv to the beat of my knowledge and beliv		<u>R 1951-11 </u>
1		min from is to be filed	In compliance with RULE 1104.
	6 K12 - an -	If this is a request for a	mpanied by a tabulation of the device
a Vaire	(Signature)	tests taken on the	must be filled out completely to
Area Ma		All sections of this total	d wells.
	(1 true)	If and an only Sections	the such change of the
October	(Date)	Separate Forma C-104	must be filed for each pool in mul