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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUG 6 11 05 AM '65

Operator Midwest Oil Corporation	
Address 1500 Wilco Bldg., Midland, Texas	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Re-completion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Custer Mountain Unit	Well No., Name, Including Formation 1 Wildcat (Morrow)	Kind of Lease State, Federal or Fee Federal
Location		
Unit Letter K	Feet From The South	Line and 1980' Feet From The West
Line of Section 9	Township 24-S	Range 35-E , NMPM, Lee County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Shall Oil Company	P.O. Box 1509 Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	1006 Main St. Houston 2, Texas	
Does well produce oil or liquids, give location of tanks.	Unit	Sec. Tap. Rge.
	I	10 24-S 36-E
Is well actually connected?	When	
No	8-7-65	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 8-29-63	Date Compl. Ready to Prod. 5-17-64		Total Depth 16,590		P.B.T.D. 15,090			
Pool Wildcat	Name of Producing Formation Morrow		Top Oil/Gas Pay 14,036		Tubing Depth 14,020			
Perforations 14,254-288; 14074-084; 14036-44; 13960-14002 w/1 jet shot p/foot					Depth Casing Shoe 15,360			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		390		580			
17 1/2"	13 3/8"		5240		3609			
12 1/4"	9 5/8"		12456		2100			
	2 3/8"		14020					

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(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)

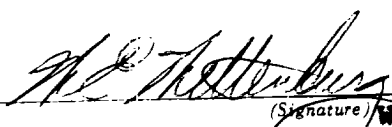
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ADP 8000 MCF	24	7.2	47.6
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back pressure	3065	Packer	18/64"

VI. 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.


(Signature) **W. E. Wittenburg**
District Clerk
(Title)

8-2-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 Sections I, II, III, and VI only 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.