| NO. OF COPIES RECEIVED   |  |   |   |
|--|--|---|---|
| DISTRIBUTION   | NEW MEXICO OIL   |   | Form C-104  |
| SANTA FE   |  | T FOR ALLOWABLE GENER   | 0. C.C. Supersedes Old C-104 and C-11   |
| U.S.G.S.   |  |   |   |
| LAND OFFICE  |  | RANSPORT OIL AND NATUR  | ALAMA255  |
| TRANSPORTER OIL  |  |   |   |
| GAS<br>OPERATOR  |  |   |   |
| PRORATION OFFICE   |  |   |   |
| Operator   |  |   |   |
| Thorn and Gr   | auten  |   |   |
| Address  |  |   |   |
| Reason(s) for filing (Check proper   | rts & Gas Services, Box 7  |   |   |
| New Well   | Change in Transporter of:  | Other (Please explain)  |   |
| Recompletion   | Oil Dry C  | Gas   |   |
| Change in Ownership  | Casinghead Gas Cond  | ensate  |   |
| If change of ownership give nam  | P  |   |   |
| and address of previous owner _  |  |   |   |
| II. DESCRIPTION OF WELL AN   |  | 1 man Dalana  | 0.2000  |
| Lease Name   | Well No. Pool Name, Including  | ,   | Lease Lease No.   |
| Russell Fede   | ral 1 Undes. Mason   | Delaware State, Fe  | deral or Fee Federal IC-068281  |
| Location   | 1.   | ion-Delaware R-3342   | - 4   |
| Unit Letter <b>B</b> ;   | 995 Feet From The North  | ine and <b>2332</b> Feet F  | rom The East  |
| Line of Section <b>20</b>  |  | 20 M  |   |
| Line of Section 20   | Township <b>26 S</b> Range   | 32 <b>B</b> , NMPM,   | Lea County  |
| II. DESIGNATION OF TRANSPO   | DRTER OF OIL AND NATURAL G   | AS  |   |
| Name of Authorized Transporter of  | Oil 🕱 or Condensate 🗔  | Address (Give address to which a  | pproved copy of this form is in be sent)  |
| The Permian Corpo  |  | Box 3119, Midland,  |   |
| Name of Authorized Transporter of  | Casinghead Gas or Dry Gas  | Address (Give address to which a  | pproved copy of this form is to be sent)  |
|  | Unit Sec. Twp. Ege.  |   | 1   |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge.<br>B 20 168 32E  | is gas actually connected?  | When  |
| If this production is commingled   | with that from any other lease or pool,  |   | ·   |
| V. <u>COMPLETION DATA</u>  |  | give commingling order number:  |   |
| Designate Type of Comple   | tion - (X) - Gas Well  | New Well Workover Deepen  | Plug Back Same Res'v. Diff. Res'v.  |
| Date Spudded   | Date Compl. Ready to Prod.   | X 1   |   |
| 3/16/66  | Late Compl. Ready to Prod.   | Total Depth   | P.B.T.D.  |
| Elevations (DF, RKB, RT, GR, etc.  | Name of Producing Formation  | 4344<br>Top Oil/Gas Pay   | Tubing Depth  |
| 3163 GR  | Delaware   | 4340  | 4314  |
| Perforations   |  |   | Depta Casing 2.005  |
| Open Hole 4333-4   |  |   | 4333  |
| HOLE SIZE  |  | D CEMENTING RECORD  |   |
| · · · · · · · · · · · · · · · · · · ·  | CASING & TUBING SIZE   | DEPTH SET   | SACKS CEMENT  |
| 101/   |  | 25  |   |
|  |  |   | 3.0.0   |
| <u>12 1/4</u><br><u>8 3/4</u><br>6 1/4   | 7  | 1200  | 190   |
| 8 3/4  |  | 4333  | 19050   |
| 8 3/4<br>6 1/4<br>V. TEST DATA AND REQUEST   | 7<br><u>4 1/2</u><br><u>2 3/8</u><br>FOR ALLOWABLE (Test must be a   | 4333<br>4314<br>ifter recovery of total volume of load  |   |
| 8 3/4<br>6 1/4<br>V. TEST DATA AND REQUEST<br>OIL WELL   | 7<br><u>4 1/2</u><br><u>2 3/8</u><br>FOR ALLOWABLE (Test must be a<br>able for this de   | 4333<br>4314<br>ifter recovery of total volume of load<br>epth or be for full 24 hours)   | oil and must be equal :0 or exceed top allow-   |
| 8 3/4<br>6 1/4<br>V. TEST DATA AND REQUEST<br>OIL WELL<br>Date First New Oil Run To Tanks  | 7<br>4 1/2<br>2 3/8<br>FOR ALLOWABLE (Test must be a<br>able for this de<br>Date of Test   | 4333<br>4314<br>Ifter recovery of total volume of load<br>epth or be for full 24 hours)<br>Producing Method (Flow, pump, ga   | oil and must be equal :0 or exceed top allow-   |
| 8 3/4<br>6 1/4<br>V. TEST DATA AND REQUEST<br>OIL WELL   | 7<br><u>4 1/2</u><br><u>2 3/8</u><br>FOR ALLOWABLE (Test must be a<br>able for this de   | 4333<br>4314<br>Ifter recovery of total volume of load<br>epth or be for full 24 hours)<br>Producing Method (Flow, pump, ga<br>Flow   | oil and must be equal :0 or exceed top allow=<br>s lift, etc.)  |
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| 8 3/4<br>6 1/4<br>V. TEST DATA AND REQUEST<br>OIL WELL<br>Date First New Oil Run To Tanks<br>4/17/66<br>Length of Test<br>24/# hours<br>Actual Prod. During Test   | 7<br>4 1/2<br>2 3/8<br>FOR ALLOWABLE (Test must be a<br>able for this de<br>Date of Test<br>4/17/66  | 4333<br>4314<br>Ifter recovery of total volume of load<br>epth or be for full 24 hours)<br>Producing Method (Flow, pump, ga<br>Flow   | oil and must be equal :0 or exceed top allow=<br>s lift, etc.)  |
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| 8 3/4<br>6 1/4<br>V. TEST DATA AND REQUEST<br>OIL WELL<br>Date First New Oil Run To Tanks<br>4/17/66<br>Length of Test<br>24 # hours<br>Actual Prod. During Test<br>96 # bble for the st<br>GAS WELL                           | 7<br>4 1/2<br>2 3/8<br>FOR ALLOWABLE (Test must be a<br>able for this de<br>Date of Test<br>4/17/66<br>Tubing Pressure<br>600#<br>Oil-Bbls.<br>96 bbls 24 hours  | 4333<br>4314<br>Ifter recovery of total volume of load<br>epth or be for full 24 hours)<br>Producing Method (Flow, pump, ga<br>Flow<br>Casing Pressure<br>100#<br>Water-Bbis.<br>None   | oil and must be equal :0 or exceed top allow-<br>s lift, etc.)<br>Choke Size<br>8/64 <sup>m</sup><br>Gas-MCF<br>115   |
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| 8 3/4<br>6 1/4<br>V. TEST DATA AND REQUEST<br>OIL WELL<br>Date First New Oil Run To Tanks<br>4/17/66<br>Length of Test<br>2/4 // hours<br>Actual Prod. During Test<br>9/6  | 7<br>4 1/2<br>2 3/8<br>FOR ALLOWABLE (Test must be a<br>able for this de<br>Date of Test<br>4/17/66<br>Tubing Pressure<br>600#<br>Oil-Bbls.<br>96 bbls 24 hours<br>Length of Test<br>Tubing Pressure (Shut-in)<br>NCE<br>i regulations of the Oil Conservation<br>with and that the information given<br>he best of my knowledge and belief.                                       | 4333<br>4314<br>Ifter recovery of total volume of load<br>epth or be for full 24 hours)<br>Producing Method (Flow, pump, ga<br>Flow<br>Casing Pressure<br>100#<br>Water-Bbis.<br>None<br>Bbis. Condensate/MMCF<br>Casing Pressure (Shut-in)<br>OIL CONSER<br>APPROVED<br>BY<br>TITLE<br>This form is to be filed i<br>If this is a request for all<br>well, this form must be accom<br>tests taken on the well in acc<br>All sections of this form  | 50         oil and must be equal to or exceed top allow-         s lift, etc.)         Choke Size         8/64**         Gas-MCF         115         Gravity of Condensate         Choke Size         VATION COMMISSION |
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| 8 3/4<br>6 1/4<br>V. TEST DATA AND REQUEST<br>OIL WELL<br>Date First New Oil Run To Tanks<br>4/17/66<br>Length of Test<br>24 // hours<br>Actual Prod. During Test<br>9/6   | 7<br>4 1/2<br>2 3/8<br>FOR ALLOWABLE (Test must be a<br>able for this de<br>Date of Test<br>4/17/66<br>Tubing Pressure<br>600#<br>OII-Bbls.<br>96 bbls 24 hours<br>Length of Test<br>Tubing Pressure (Shut-in)<br>NCE<br>i regulations of the Oil Conservation<br>with and that the information given<br>he best of my knowledge and belief.<br>mature)<br>Fitle)                  | 4333<br>4314<br>Ifter recovery of total volume of load<br>epth or be for full 24 hours)<br>Producing Method (Flow, pump, ga<br>Flow<br>Casing Pressure<br>100#<br>Water-Bbls.<br>None<br>Bbls. Condensate/MMCF<br>Casing Pressure (Shut-in)<br>OIL CONSER<br>APPROVED<br>BY<br>TITLE<br>This form is to be filed i<br>If this is a request for all<br>well, this form must be accom-<br>tests taken on the well in acc<br>All sections of this form<br>able on new and recompleted<br>Fill out only Sections I,<br>well name or number, or transp | 50         oil and must be equal to or exceed top allow-         s lift, etc.)         Choke Size         8/64*         Gas-MCF         115         Gravity of Condensate         Choke Size         VATION COMMISSION  |
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