

FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

AND  
AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

I. Operator  
Armer Oil Company  
Address  
2110 Continental National Bank Bldg., Fort Worth, Texas 76102  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 9/1/73  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf State	Well No. 1	Pool Name, Including Formation Langlie-Mattix Penrose Sd.	Kind of Lease State, Federal or Fee State	Lease No. K-3424
Location Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West Line of Section 2 Township 23S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 2	Twp. 23S	Rge. 37E	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 - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-30-73	Date Compl. Ready to Prod. 6-5-73		Total Depth 3750'		P.B.T.D. 3708'			
Elevations (DF, RKB, RT, GR, etc.) 3314' RKB	Name of Producing Formation Penrose Sand		Top Oil/Gas Pay 3569'		Tubing Depth 3500'			
Perforations 3576-97, 0.40", 22 holes					Depth Casing Shoe 3749'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		397'		250sxs (Circ.)			
7-7/8"	5-1/2"		3749'		350 sxs			
	2-3/8"		3500'					

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)

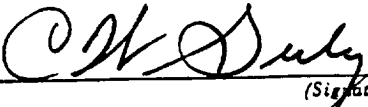
Date First New Oil Run To Tanks 6-16-73	Date of Test 6-20-73	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 100	Casing Pressure 480	Choke Size 30/64"
Actual Prod. During Test 310	Oil-Bbls. 180	Water-Bbls. 130	Gas-MCF 300.6

GAS WELL

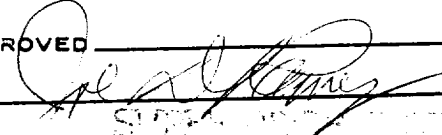
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)  
Production Manager  
(Title)  
6-27-73  
(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 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.