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ANTA FE				
ILE			T	
J.S.G.S.				
AND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR			Τ	
PRORATION OFFICE				
Operator				
Texas Wes	st Oi	1	&	G
Address				
_				

30 April 1976

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

TLE	KEWUESI	FUR ALLUWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65		
J.S.G.S.	AUTUODITATION TO TO	AND EANSPORT OIL AND NATURAL GAS			
AND OFFICE	AUTHORIZATION TO TR	MASPURT OIL AND NATUR	RAL GAS		
OIL					
TRANSPORTER GAS					
OPERATOR					
I. PRORATION OFFICE					
Operator					
Texas West Oil	& Gas Corporation				
Address					
609 C&K Petrole	um Building	Midland, Texas	79701		
Recson(;) for filing (Check prope		Other (Please explain			
New Well	Change in Transporter of:				
Recompletion	Oil Dry G	Gaa			
Change in Ownership	Cosinghead Gas Cond	er.sate			
If change of ownership give na and address of previous owner		FLACED IN THE POOL			
and address of previous owner		FYOU DO NOT CONCUR			
II. DESCRIPTION OF WELL A	the state of the s				
Lease Name	Well No. Pool Name, including	Formation Kind of	f Lease No.		
Madera	l Bell Lake Sout	h (Marrow) State, I	Federal or Fee		
Location	12 Perr Danc Bone	II (PIOLEOW)	Fee		
Unit Letter G ;	1980 Feet From Tag North Li	1000			
Omt Tette:	1980 Feet From The North Li	he dnd 1980 Feet	From The East		
Line of Section 5	Township 24S Runge	34E , NMPM,	~ .		
	245	34E , NMPM,	Lea County		
III. DESIGNATION OF TRANSP	PORTER OF OIL AND NATURAL G	A S			
Name of Authorized Transporter of	of Condensate X	Address (Give address to which	approved copy of this form is to be sent)		
The Permian Corpora	tion		·		
Name of Authorized Transporter of		P.O. Box 1183, Hous	approved copy of this form is to be sent)		
Transwestern Pipeli	25	i			
	Unit Sec. Twp. Ege.	P.O. Box 2521, Hous Is gas actually connected?	ton, Texas 77001		
If well produces oil or liquids, give location of tanks.					
	G 5 24S 34E	Yes	4/19/76		
	d with that from any other lease or pool,	, give commingling order number	r: N/A		
IV. COMPLETION DATA	Off Well Gas Wolf	New Well Workover Deep			
Designate Type of Comp		New Well Workover Deep	en Plug Back Same Res'v. Diff. Res'v		
	X	X			
Date Spydded	Date Compl. Ready to Proj.	Total Depth	P.B.T.D.		
10-16-75	4-20-76	14,296'	14,249'		
Elevations (DF, RKB, RT, GR, es	Name of Producing Formation	Top Oll/Cas Pay	Tubing Depth		
3586.4' GR	Morrow	13,963'	11,596'		
Perforations			Depth Casing Shoe		
13,963-982'					
2-7/8" tbg @ 11,596	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
20"	16"	515'	900		
14-3/4"	10-3/4"	5,200'	4825		
9-1/2"	7-5/8"	11,990'	1600		
6-1/2"	5"	14,294	550		
V. TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be a	ofter recovery of total volume of lo	ad oil and must be equal to or exceed top allow		
OIL WELL	able for this d	epth or be for full 24 hours)	•		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lífi, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bhis.	Water-Shis.	Gae-MCF		
·	and the second s				
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbla, Condensate/MMCF	Gravity of Condensate		
7916	24 hours		<u>_</u>		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	trace Cosing Pressure (5hwt-12)	Choke Size		
Back Pressure	4500#	Pkr.	20/64"		
<u> </u>		<u> </u>			
VI. CERTIFICATE OF COMPLI	MATUE	11	RVATION COMMISSION		
		1 spoonly in	AT IN JULY		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given		APPROVED 19			
	ed with and that the information given the best of my knowledge and belief.		11/100		
•			THE TRACTOR OF		
6-		TYTE SIPERVISO	M LADITALIS I		
$\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}}}}}$		This form is to be filed in compliance with RULE 1104.			
- TY/M/111111	11111V	11	allowable for a newly drilled or despende		
the first the best of the	Singature	well, this form must be acc	companied by a tabulation of the deviation		
•	organism by				
President	51g.n.n. 27	tests taken on the well in	accordance with RULE 111. m must be filled out completely for allow-		

All mactions of this form must be tilled out completely for allowable on new and recompleted wells.

Fitl 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