

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator GMW Corp.	
Address 675 Empire Plaza, Midland, Texas 79701-4289	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in operator name & mailing address
Recompletion ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Pawnee Deep Unit	Well No. 1	Pool Name, including Formation Pawnee (Strawn)	Kind of Lease State, Federal or Fee State	Lease No. LG3340
Location Unit Letter <u>F</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>26S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Basin, Inc.	P.O. Box 2297, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>F</u> Sec. <u>22</u> Twp. <u>26S</u> Rge. <u>36E</u>	Yes 5-1-80

If this production is commingled with that from any other lease or pool, give commingling order number: _____

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut-in Resv.	Prod. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lost 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	Lbbs. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

V. 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.

J. W. Stitt-Love
(Signature)

Production Manager
(Title)

May 11, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 20 1982, 19____
BY _____ Orig. Signed 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 a variety tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out carefully for allow- able for this depth or be for full 24 hours.

Fill out only sections I, II, III, and IV for changes of owner, well name or number, or transporter, or other such change of condition.