

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

1.

Address

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

XX

Change in Transporter of:

Recompletion

C11

Dry Co.

Change in Ownership ☐Castinghead Gas ☐

Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Vaca Ridge "30" Fed Com	1	Pitchfork Ranch (Morrow)	State, Federal or Fee Federal NM	28881
Location				
Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>30</u> Township <u>24S</u> Range <u>34E</u> , NMPB, ea Count				

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)	
The Permian Corp.					P.O. Box 3119, Midland, Texas 79705	
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 Co.					One Petroleum Ctr., Bldg. 2, Midland, Tx 79705	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	30	24S	34E	No	Unknown

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

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same as Prev.	Diff. from
			XX	XX					
Date Spudded 9-12-84	Date Compl. Ready to Prod. 12-22-84	Total Depth 15,505'				P.B.T.D. 15,450'			
Elevation (DF, RAB, RT, GR, etc.) 3536.4' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 14,854'				Tubing Depth 14,713'			
Perforations 14,854-15,166'						Depth Casing Shoe -			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	600'	850 sx.
17 1/2"	13 3/8"	5208'	5100 sx.
12 1/4"	9 5/8"	13,250'	3600 sx.
8 1/2"	5 1/2" liner	12,751-15,504'	775 sx.

7. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

14. 13 Test must be after recovery of normal volume of load oil and must be equal to or exceed top oil level for this depth or be for full 24 hours

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, PLTP, 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
7507	1 hr.	Tr.	60
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pr.	6235		15.5/64"

1. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Darrell Roberts
(Signature)

Operations Engineer

1942

1/7/85

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY _____

TITLE _____

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviation logs taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted walls.

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 multi