I.	FILE REQL				DIL CONSERVATION CC ISSION EST FOR ALLOWA' E AND TRANSPORT OIL AND NATURAL GAS				Form C-104 Supersedes Old C-104 and Effective 1-1-65	
	Address									
	P. O. Box 2267, Mid Reason(s) for Illing (Check prope	. O. Box 2267, Midland, Texas 79702 (son(s) for thing (Check proper box) Well Other (Please explain)								
	New We!! X Change in Transporter of: Recompletion Oil Dry Gas									
	Change in Ownership	Casinghead Gas		Gas						
	If change of ownership give name and address of previous owner_	ne								
n . 7	DESCRIPTION OF WELL A	ND LEASE		1-8483	8/1/	87				
	Madera 28 Federal C	om. 2 Pi	ame, Including Ltchfork H		oka Jan	Kind of Leas State, Feder	-	Federal	Lease No	
	Unit Letter N ; 6				2200				NM 15684	
	Line of Section 28	7				Feet From	The Wes	3t 	·	
711 1	EOTT Energy Operatin DESIGNATION OF TRANSPORT		Range	<u>34E</u>	, NMPM		Lea		County	
				AS Address ((Give address	a which appro	und come of			
ŀ	Keine of Additionized Transporter of OII or Condensate X Address (Give address to which approved copy of this form is to be sent, Box 1188, Houston, Texas 77251 Name of Authorized Transporter of Casinghead Casing address (Give address to which approved copy of this form is to be sent, Name of Authorized Transporter of Casinghead Casing address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of this form is to be sent, Address (Give address to which approved copy of the give address to which approved copy of the give address to which approved copy of the give address to which a									
Ļ	Transwestern Pipeline Compary Coling 1-1-93 Box 2521, Houston, Texas 77001							this form is to	o be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Tw N 38 24	• •	ls gas acti	ally connecte	d? Wh				
	If this production is commingled with that from any other loose and the true of 29/81									
	Oil Well Gas Well New Woll Wester								v. Diff. Restv	
F	Date Spudded	Date Compl. Ready to F	I X	Total Depti		1 1 		1		
E	3/10/87 levations (DF, RKB, RT, GR, etc.	5/12/8	7	13	, 945'		P.B.T.D. 13	,906 '		
	3454.8' GR Atoka		nation	Top 011/Gas Pay 13,869		Tubing Depth				
P	Perforations 13,869 - 13,875		<u> </u>			2-7/8 Depth Casi	2-7/8" at 12,997' Depth Casing Shoe			
E		CASING, AND				13,3	00'			
-	HOLE SIZE	CASING & TUBI	NGSIZE		DEPTH SE		5/	ACKS CEME	INT	
	10-5/8"	<u>11-3/4''</u> 8-5/8''		623'				LW & 165		
	7-7/8"	5-1/2"		<u>5210'</u> 13300'				LW & 275		
L	4-3/4"	3-1/2" Line	r	13944'	TOL: 12	9971		<u>LW & 450</u> lass H	С1 Н	
V. TH	EST DATA AND REQUEST I L WELL	FOR ALLOWABLE (Fest must be af able for this de	ter recovery a	f total walue	the second s	nd must be e	qual to or exi	end top allow	
	ite First New Cil Run To Tanks	Date of Test	ble for this de		0	pump, gas lift,				
L	Length of Test Tubing Pressure						•			
	tual Prod. During Test			Casing Pres	sue		Choke Size	e		
	rudi Frod. During (ant	Oll-Bbls.		Water - Bbis.			Gas-MCF			
	SWELL				····		 			
	tugi Prod. Test-MCF/D	Length of Test	<u> </u>	Bbis. Conder	adia AMCE					
	1800 sting Method (pitot, back pr.)	24 hours		4			Gravity of C 35.0			
J	Back Pressure	Tubing Pressure (Shut-1 6170	in)	Casing Press Sea	ure (Shut-in)	Choke Size 16/6	<u></u>		
VI. CE	RTIFICATE OF COMPLIAN	CE		·		NSERVAT				
I he	reby certify that the rules and	regulations of the Oil Cr	UBervation	APPROVE		JUN 2.6			•	
Com	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Retty fillow (Signature)							, 19 		
					DISTRICT I SUPERVISOR					
,										
					This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation					
Betty Gildon, Regulatory Analyst				IGRIS INCOL	on the wel	i in accorder	ice with R	ULE 111.		
(Title)				All sections of this form must be filled out completely for sllow- able on new and recompleted wells.						
	5/27/87(Date)				Fill out only Sections I, II, III, end VI for changes of owner, well name or number, or transporter, or other such change of condition.					
				Separa	te Forme C	104 must be	filed for	esch pool	in multiply	