| DISTRIBUTION<br>ANTA FE<br>ILE<br>S.G.S.<br>AND OFFICE<br>TRANSPORTER<br>GAS<br>OPERATOR | REQUE   | L CONSERVATION COM SION<br>ST FOR ALLOWABLE<br>AND<br>FRANSPORT OIL AND NATUR                               | Supersedes<br>Effective 1-   | Old C-104 and C  |  |
|--|---|---|--|------------------|--|
| I. PHORATION OFFICE  |   |   |  |                  |  |
| Cities Service Oil<br>Address  | Company   |   |  |                  |  |
| Box 1919 - Midland<br>Reason(s) for filing (Check prop                                   | , Texas 79701   | · · · · · · · · · · · · · · · · · · ·   |  |                  |  |
| Low Well   | Change in Transporter of:   | Other (Please explain   | ·)   |                  |  |
| Recompletion X<br>Change in Ownership  |   | ' Gas   |  |                  |  |
|  |   | ndensate  |  | <u> </u>         |  |
| If change of ownership give na<br>and address of previous owner                          | ame<br>r  |   | ······   |                  |  |
| II. DESCRIPTION OF WELL  | AND LEASE   |   |  |                  |  |
| Hodges B   | Well No. Pool Name, Including   | 1   |  | Lease No.        |  |
| Location   | 4 Justis Bline  |   | Federal or Fee Fee   |                  |  |
| Unit Letter ,  | 990 Feet From The South   | Line and <u>660</u> Feet :  | From The West  |                  |  |
| Line of Section 1  | Township 25S Range  | 37E , NM M, L   | ea   | County           |  |
| III. DESIGNATION OF TRANSI   | PORTER OF OIL AND NATURAL (   | GAS   |  | county           |  |
| Name of Authorized Transporter of The Permian Corpora                                    | of Oil 🕱 or Condensate 🗌  | Address (Give address to which a  | approved copy of this form is  | to be sent)      |  |
| Name of Authorized Transporter of Casinghead Gas 🗶 🛛 or Dry Gas 🔂                        |   | Box 1183 - Houston, Texas 77001<br>Address (Give address to which approved copy of this form is to be sent) |  |                  |  |
| El Paso Natural Gas Company  |   | Box 1492 - El Paso, Texas 79978   |  |                  |  |
| If well produces oil or liquids,<br>give location of tanks.                              | Unit Sec. Twp. Bge.<br>L 1 25S 37E  | is gas actually connected?<br>Yes   | When<br>Sept. 30, 1974   |                  |  |
| If this production is commingle<br>IV. <u>COMPLETION DATA</u>                            | d with that from any other lease or pool  | l, give commingling order number:   |  |                  |  |
| Designate Type of Comp   | Oil Well Gas Well   | New Well Workover Deepe   | n Plug Back Same Re  | s'v. Diff. Res'v |  |
| Date Statas Respudded  | Date Compl. Ready to Prod.  | Total Depth   | X  | X                |  |
| 9-9-74<br>Elevations (DF, RKB, RT, CR, et  | 10-3-7)   | 0.T.D. 89821  | P.B.T.D.<br>6008   |                  |  |
| 3116' GR   | Name of Producing Formation<br>Blinebry   | Top Oll/Gas Pay Tubing Depth<br>50481 50111   |  |                  |  |
| Perforations 2-0.41" hole  | es each @ 5048', 53', 55',  | 611 771 971 001   | Depth Casing Shoe  |                  |  |
|  | 1, 351, 621, 661, 711, 851<br>53011, 381, TUBING, CASING, AN  | - LUII 071 541 171  | 72501<br>541.651.94.51   | 07.1 001.1       |  |
| HOLE SIZE  | CASING & TUBING SIZE  | DEPTH SET   | SACKS CEN  |                  |  |
| SEE ORIGINAL COMPLE  | TION DATA   |   |  |                  |  |
|  |   |   |  |                  |  |
| V. TEST DATA AND REQUEST   |   | after recovery of total volume of load  | oil and must be equal to or a  |                  |  |
| OIL WELL<br>Date First New Oil Run To Tanks  |   | lepth or be for full 24 hours)<br>Producing Method (Flow, pump, ga  |  |                  |  |
| 9-30-74<br>Length of Test  | 10-3-74<br>Tubing Pressure  | Flowing   |  |                  |  |
| 24 Hrs.  | 300#  | Casing Pressure   | Choke Size<br>15/64'   | 19               |  |
| Actual Prod. During Test   | Oil-Bble.   | Water-Bble.   | Gas-MCF  |                  |  |
|  | 115   | 96 (Load)   | 100.5  |                  |  |
| GAS WELL<br>Actual Prod. Tost-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   |                  |  |
| I. CERTIFICATE OF COMPLIA  | ANCE  |   | VATION COMMISSION  |                  |  |
| I hurshy partify that the start  |   |   |  | ł                |  |
| Commission have been complied  | nd regulations of the Oil Conservation<br>d with and that the information given<br>the best of my knowledge and belief. | APPROVED  | Ta i   | 19               |  |
|  | the best of my knowledge and benef.   | BY  | eng  | 1 1              |  |
| Elija  |   |   |  |                  |  |
|  |   | This form is to be filed in<br>If this is a request for all   |  |                  |  |
| (Si<br>Region Operation Man  | gnature)<br>Jagor   | well, this form must be accom-<br>tests taken on the well in acc  | panied by a tabulation of  | the deviation    |  |
| (  | (Title)   |   | All sections of this form must be filled cut completely for allow-<br>able on new and recompleted wells. |                  |  |
| October 9, 1974  | 'Date)  | Fill out only Sections I,<br>well name or number, or transpo  | II. III. and VI for chang  | es of owner,     |  |
| * 371 501 201 -  | 71 001 001 10. 001 -  | Sanarata Forma Calld m  | set he filed for much man  | t in multinity   |  |
| ★ JL', J2', 03', 55(   | <b>071, 221, 291, <u>1</u>81, 801,</b> 9  | 4', 5609', 18', 24', 6  | 2' and 5671'   |                  |  |