Actual Prod. During Test	Oil-Bhis.	Water-Bbls.	Gas-MCF	
		<del></del>	I	
endin or tage	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test				
Date First New Oil Run To Tanks	Date of Test	depth or be for full 24 hours)  Producing Method (Flow, pump, gas life		
TEST DATA AND REQUEST OIL WELL		after recovery of total volume of load oil of	and must be equal to or exceed top allo	
1 1/8	4 1/6	3320	323	
12 1/4"	8 5/8" 4 1/2"	317	325	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	TUBING, CASING, A	ND CEMENTING RECORD		
3075-3469 w/ 12	shots (over all)		Depth Casing Shoe 3520	
Perforations	Langlie Mattix	3075		
	· 1	Top Oil/Gas Pay	Tubing Depth 3495	
6-5-1974 Elevations (DF, RKB, RT, GR, etc.	9-14-74	3520	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	PRTD	
Designate Type of Comple	etion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Re	
COMPLETION DATA	with that from any other lease or poo	order number:		
<del></del>		<del> </del>		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age.		7-24-1974	
El Paso Natura		P. O. Box 1492 E	Paso, Texas	
Name of Authorized Transporter of	Casinghead Gas X or Dry Gas	Address (Give address to which appro	eved copy of this form is to be sent)	
Permian Corpor	ation <u> </u>	P. O. Box 1183 Ho	ouston, Tx. 77001	
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL (	Address (Give address to which appro	and consected to	
DECICNATION OF THE		,	Coun	
Line of Section 7	Township 25-S Range	37-E Lea		
Unit Letter ;	1980 Feet From The North	Line and Feet From		
Location	7 Rivers Q		West	
Judy	2 Langlie Ma	ttix State, Feder	E a Legse (	
Lease Name	Well No. Pool Name, Includin	g Formation   Kind of Lea	se	
DESCRIPTION OF WELL A	ND I FACE			
and address of previous owner				
If change of ownership give na	-			
Change in Ownership		y Gas		
New Well Recompletion	Change in Transporter of: Oil X Dry			
Reason(s) for filing (Check prope	er box)	Other (Please explain)		
P. O. Box 703	32 Midland, Texas			
Tahoe Oil & C	Lattle Co.			
Operator	0.443			
PRORATION OFFICE				
GAS OPERATOR	+			
TRANSPORTER OIL	·			
DOFFICE	AGTHORIZATION TO	TRANSPURT OIL AND NATURAL	. GA <b>S</b>	
	ALTHODIZATION TO			
C.S.	<del>-    </del>	AND	Effective 1-1-65	
F1 E G.S.	<del>-   -  </del>	EST FOR ALLOWABLE AND	Supersedes Old C-104 an Effective 1-1-65	

WIN HELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing December of the August		
Total promot (past, past, pro)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	I	1	I

## VI. 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.

Xa Hiser	<u> </u>	Κ.	Α.	Freeman
Petroleum	(Signature) Engineer	•		
Sept. 22,	(Title) 1975			

OIL CONSERVATION COMMISSION

APPROVED	<u> </u>		19		
8Y	Orio Signed by	(5)			
TITLE	Geologist				

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 deviation tests taken on the well in accordance with RULE 111.

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

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.