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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-112
Effective 1-1-65

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AUG 31 1966

O. C. C.
ARTEBIA, OFFICE

Operator		Trebol Drilling Company
Address		
P. O. Box 3986, Odessa, Texas 79760		
Reason(s) for filing (Check proper box)		Other (Please explain)
Oil Well	<input type="checkbox"/>	Change in Transporter oil
Completion	<input type="checkbox"/>	Oil
Change in Ownership	<input checked="" type="checkbox"/>	Transporter Gas

Change of ownership, give name		Southern New Mexico Oil Corporation	
Address of previous owner		P. O. Box 1659, Midland, Texas	
DESCRIPTION OF WELL AND LEASE			
Well Name	Well No.	Pool Name, including Formation	Kind of Lease
Lusk Deep Unit	8	Lusk Strawn	XXX Federal XXX
Location			
Unit Letter	I	Section	1650
Foot From The	South	Line and	990
Feet From The	East		
Line of Section	24	Quarterly	19S
Range	31E	Zone	Eddy
County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authority (Check proper box)	<input checked="" type="checkbox"/> or Condensate	The Permian Corporation	
Name of Authority (Check proper box)	<input checked="" type="checkbox"/> or Dry Gas	P. O. Box 3119, Midland, Texas 79704	
Phillips Petroleum Company		Phillips Building, Odessa, Texas 79760	
If well produces oil or liquid, give location of tanks	LACT	Unit	B
Sec.	19	Twp.	19S
Rge.	32E	Is gas actually connected?	Yes
When		At completion	

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Well	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Formations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load 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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

CERTIFICATE OF COMPLIANCE

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

Drilling and Production Superintendent

August 26, 1966

OIL CONSERVATION COMMISSION

APPROVED AUG 31 1966
W. A. Gressett
OIL AND GAS INSPECTOR

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, it must be accompanied by a tabulation of the deviation to be made 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 Sections I, II, III, and VI only for changes of owner, well name, or number, or transporter, or other such change of condition.