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TRANSPORTER	OIL	/
	GAS	
OPERATOR		2
PRORATION OFFICE		

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-110  
Effective 1-1-65

RECEIVED

SEP 11 1968

Operator		E. A. Culbertson & Wallace W. Irwin HAYNES & V. T. DRILLING CO., AGENT		O. C. C. ARTESIA, OFFICE	
Address 400 First National Bank Bldg., Odessa, Texas 79760					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

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.
Federal 18	3-1	East Benson-Yates	State, Federal or Fee Fed.	LC 069464-A
Location				
Unit Letter	H	2310	Feet From The North	Line and 330
		Feet From The East		
Line of Section	18	Township	19S	Range 31E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation				Box 3119, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
none					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	L	18	19S	31E	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
5/25/68	9/1/68		2298		-			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3426 DF	East Benson Yates		2257		2294			
Perforations					Depth Casing Shoe			
2253-2263; 2274-2290 Open Hole					2274			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10"	8-5/8"		492'		Howco - 50 Sax			
8"	7"		590'		" 50 Sax			
6"	4-1/2"		2274'		" 100 Sax			

V. 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 more than 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.)	
9/1/68	9/1 to 9/2	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	0	0	Open 2"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
72 bbls. Fluid	65	7	T.S.T.M.

GAS WELL

Actual Prod. Test-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

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.

HAYNES & V. T. DRILLING CO.

By:

(Signature)

AGENT

(Title)

September 9, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 11 1968  
BY W. A. Gressert  
TITLE 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, 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.