

DIS. REPUTATION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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-1
Effective 1-1-65

RECEIVED

JUL 25 1975

MONSANTO COMPANY - PRODUCTION DEPARTMENT

321 West Texas, Midland, Texas 79701

O. E. G.
ARTESIA, OFFICE

Reasons for filing (Check proper box)

New Well	<input type="checkbox"/>	Additional Transporter	
Recompletion	<input type="checkbox"/>	Change in Transporter etc:	
Change in ownership	<input type="checkbox"/>	Oil	<input type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Split Connection

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name AVALON HILLS	Well No. 2	Pool Name, including Formation BURTON FLAT - MORROW	Kind of Lease Federal
Location: Unit Letter G ; 1980 Feet From The North Line and 2030 Feet From The East			State, Federal or Fed NM 0501759
Line of Section 7	Township 21S	Range 27E	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> THE PERMIAN CORP.	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc. Southern Union Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 1320, Hobbs, New Mexico Fidelity Union Tower, Dallas, Texas 75201
If well produces oil or liquids, give location of tanks. Unit G Sec. 7 Twp. 21S Rge. 27E	Is gas actually connected? Yes When 3/20/75 7/23/75

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Foot	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 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/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

W. M. Shell
(Signature)

Regional Production Manager

July 24, 1975

(Date)

OIL CONSERVATION COMMISSION

JUL 31 1975

APPROVED _____, 19

BY *Frank B. ...*
OIL AND GAS INSPECTOR

TITLE _____

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 Sections I, II, III, and VI only 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.