

DISTRIBUTION			4
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<input checked="" type="checkbox"/>	
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-110
Effective 1-1-65

B.R.

I. Operator Oil Corp.

Address 401 S. Alamo, San Antonio, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input checked="" type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner Western Petroleum Company

II. DESCRIPTION OF WELL AND LEASE

Lease Name	<u>Oil</u>	Well No.	<u>1</u>	Pool Name, including Formation	<u>ilcoat Mesa Verde</u>	Kind of Lease	<u>State, Federal or Fee</u>	Lease No.
Location								
Unit Letter	<u>D</u>	Feet From The	<u>orth 888</u>	Line and	<u>100</u>	Feet From The	<u>100</u>	
Line of Section	<u>1</u>	Township	<u>1</u>	Range	<u>1</u>	NMPM	<u>1</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Permian Corp</u>	<u>Box 1153 Houston Texas</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Permian Corp</u>	<u>Box 1153 Houston Texas</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>1</u>	<u>1</u>	<u>1</u>			

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'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>1-27-74</u>	<u>1-27-74</u>	<u>1174</u>	<u>1174</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>1174-1174</u>	<u>ilcoat</u>	<u>1174</u>	<u>1174</u>					
Perforations	Depth Casing Shoe							
<u>1174-1174</u>	<u>1174</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>1174</u>	<u>1174</u>	<u>1174</u>	<u>1174</u>					

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.)	
<u>1-27-74</u>	<u>1-27-74</u>	<u>well</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>1174</u>	<u>1174</u>	<u>1174</u>	<u>1174</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>1174</u>	<u>1174</u>	<u>1174</u>	<u>1174</u>

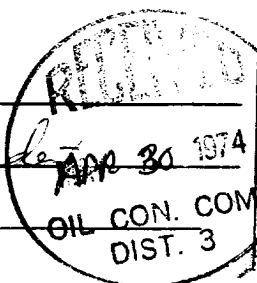
GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>1174</u>	<u>1174</u>	<u>1174</u>	<u>1174</u>
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<u>1174</u>	<u>1174</u>	<u>1174</u>	<u>1174</u>

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.

Don Walker
(Signature)
Drilling Superintendent
(Title)
4-26-74
(Date)



OIL CONSERVATION COMMISSION
APR 30 1974
APPROVED _____
BY Original Signed by Emory C. Arnold
TITLE SUPERVISOR DIST. 3

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.

