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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

[illegible] COMPANY

[illegible] Box [illegible], Farmington, New Mexico

(Place)

Reason for filing: Change in Transporter of: Oil [illegible] Dry Gas [illegible] Casinghead Gas [illegible] Condensate [illegible] Change in Name from [illegible] # 51 to Nelson A No. [illegible]

[illegible]

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Nelson A	1	Otero Chacra Pool	State, Federal or Fee	SF-078[illegible]

Location

Unit Letter F, 1980 Feet From The North Line and 1978 Feet From The West

Section 9 Township 26 North Range 12 West, N.M.P.M. San Juan County

THE DIRECTOR OF THE DIVISION OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ] Address (Give address to which approved copy of this form is to be sent)

The Permian Corporation Post Office Box 8119, [illegible]

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ] Address (Give address to which approved copy of this form is to be sent)

[illegible] Gas Company [illegible]

If well produces oil or liquids, give location of tanks. Unit F Sec. 9 Twp. 26N Rge. 12W Is gas actually connected? Yes When? 9-28-58

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

Date Completed: (Completion – (X))

Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay

Perforations

Tubing Depth and Depth Casing Shoe Was Cemented

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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

Tubing Pressure (Shut-in) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) 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 given above is true and complete to the best of my knowledge and belief.

(Signature)

November 6, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 9 1967

BY Original Signed by Emery 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 completed well, it must be accompanied by a tabulation of the deviation tests taken on the well in accordance with Rule 111.

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.