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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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-110
Effective 1-1-65

I. Operator
Wallen Production Company
Address
308 N. Colorado St., Suite #4, Midland, Texas 79701
Reason(s) for filing (Check proper box) Other (Please explain)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 10/1/72
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wallen Vest	Well No. 1	Pool Name, Including Formation Vest Ranch	Kind of Lease State, Federal or Fee NM	Lease No. 0109856
Location Unit Letter J ; 2310 Feet From The East Line and 1650 Feet From The South				
Line of Section 21 Township 14-S Range 30-E , NMPM, Chaves 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)
Permian Corporation	P.O. Box 1183, Houston, Texas 77001
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)
To be determined	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 21 14-S 30-E No Approx. June '74

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4/5/73	Date Compl. Ready to Prod. 5/30/73	Total Depth 2159'	P.B.T.D. 2131'					
Elevations (DF, RKB, RT, GR, etc.) GR 3868'	Name of Producing Formation Queen	Top Oil/Gas Pay 2096'	Tubing Depth 2086'					
Perforations 2093' to 2106'	Depth Casing Shoe 2153'							
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 7/29/73	Date of Test 7/30/73	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 70 Psig	Casing Pressure 150 Psig	Choke Size 1"
Actual Prod. During Test 45 Bbls	Oil-Bbls. 45Bbls	Water-Bbls. None	Gas-MCF 671

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.

Walter H. King
(Signature)
Engineer

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Walter H. King

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 allow-