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LAND OFFICE	X
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-110  
 Effective 1-1-65

SEP 12 11 07 AM '66

**I. Operator**  
 Operator Trebol Drilling Company  
 Address P. O. Box 3986, Odessa, Texas 79760  
 Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner Southern New Mexico Oil Corporation  
P. O. Box 1659, Midland, Texas

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Lusk Deep Unit</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Lusk - Morrow</b>	Kind of Lease <del>XXX</del> , Federal or <del>XXX</del>	Lease No. <b>NM 268</b>
Location Unit Letter <u>E</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>19S</u> Range <u>32E</u> , NMPM, <u>Lea</u> 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"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 3119, Midland, Texas 79704</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <u>Phillips Building, Odessa, Texas 79760</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>19</u>	Twp. <u>19S</u>	Rge. <u>32E</u>
Is gas actually connected?		When		
<u>No</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.
		X	X					
Date Spudded <u>7-22-61</u>	Date Compl. Ready to Prod. <u>10-10-61</u>	Total Depth <u>12,621</u>		P.B.T.D. <u>12,468</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3574 GR</u>	Name of Producing Formation <u>Morrow</u>	Top <del>rod</del> /Gas Pay <u>12,370</u>		Tubing Depth <u>12,346</u>				
Perforations <u>12370 - 12390</u>				Depth Casing Shoe <u>12,439</u>				
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2</u>	<u>13 3/8 csg.</u>		<u>807</u>		<u>900</u>			
<u>12 1/4</u>	<u>9 5/8 csg.</u>		<u>4,532</u>		<u>2,730</u>			
<u>8 3/4</u>	<u>5 1/2 csg.</u>		<u>12,458</u>		<u>382</u>			
<u>--</u>	<u>2 1/10 tbg.</u>		<u>12,346</u>		<u>Pkr. @ 12,342'</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.)	
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 <u>Q = 4,407 MCF/D</u>	Length of Test <u>2 1/2 Hours</u>	Bbls. Condensate/MMCF <u>59</u>	Gravity of Condensate <u>54.2° API (60°F)</u>
Testing Method (pilot, back pr.) <u>Back Pr. (4 pt.)</u>	Tubing Pressure (shut-in) <u>F 2,076 PSIG</u>	Casing Pressure (shut-in) <u>None Packer</u>	Choke Size <u>19/64</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.

Wale C. Sockett  
 (Signature)  
Drilling and Production Superintendent  
 (Title)  
September 9, 1966  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY \_\_\_\_\_

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 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.