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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**

Operator: Morris R. Antweil

Address: P. O. Box 2010, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box):  
 New Well       Change in Transporter of:  
 Recompletion       Oil       Dry Gas   
 Change in Ownership       Casinghead Gas       Condensate

Other (Please explain):  
Downhole commingle  
Blinebry and Drinkard

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Federal "7"</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Drinkard</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM38473</u>
Location: Unit Letter: <u>D</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section: <u>7</u> Township <u>21S</u> Range <u>38E</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"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, Texas 77001</u>
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)
If well produces oil or liquids, give location of tanks.	Unit: <u>D</u> Sec.: <u>7</u> Twp.: <u>21S</u> Rge.: <u>38E</u> Is gas actually connected? <u>No</u> When:

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-416

**IV. COMPLETION DATA**

Designate Type of Completion -- (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" 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 <u>8/24/83</u>	Date Compl. Ready to Prod. <u>8/26/83</u>	Total Depth <u>7515'</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>3834.8 GR</u>	Name of Producing Formation <u>Drinkard</u>	Top Oil/Gas Pay <u>6575'</u>	Tubing Depth <u>6649'</u>					
Perforations <u>6597-7015 (36 holes)</u>						Depth Casing Shoe <u>7515'</u>		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>14 3/4"</u>	<u>8 5/8"</u>	<u>925</u>	<u>830</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>7507</u>	<u>2625</u>
	<u>2 3/8"</u>	<u>6649</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 <u>9/16/83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>-</u>	Choke Size <u>-</u>
Actual Prod. During Test <u>16.7 Bbls oil, 72 Bbls water</u>	Oil - Bbls. <u>3.2 (19%) Drinkard</u>	Water - Bbls. <u>16 (22%) Drinkard</u>	Gas - MCF <u>-0-</u>

**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.

Jerry Hillman  
 (Signature)  
 Agent  
 (Title)  
 October 7, 1983  
 (Date)

OIL CONSERVATION COMMISSION  
**OCT 17 1983**

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

BY ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR

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.

RECEIVED  
OCT 12 1983  
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