	NO., OF COPIES RECEIVED					
	DISTRIBUTION SANTA FE FILE U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL				
	I TRANSFORTER	GAS				
	OPERATOR					
I.	PRORATION OFFICE					
	Operator					
	& Gas Corp					
	A.ldressa					

	DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65			
· I.	LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Guidator	-	AND HATOKAL C				
	Reason(s) for filing (Check proper hox New Well Hecompletion Change in Connectable	Midland, Texas 79701	Other (Please explain)				
.	If change of ownership give name and address of previous owner		R. 57 . 1/2				
11.	DESCRIPTION OF WELL AND Lease Name		me, Including Formation	Kind of Lease State			
	South Wilson State (Com. 1 Wils	on (Penn)	State, Federal or Fee E-1923			
	Location Unit Letter J;180	00 Feet From The South i.in	e andPeet From	The East			
	Line of Section 14 , To-	waship 21S Range	34E , NMFM,	Lea County			
111.	DESIGNATION OF TRANSPOR		S Address (Give address to which appro	red copy of this form is to be sent)			
	The Permian Corp. P. O. Box 1183, Houston, Texas 77001						
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved con			ved copy of this form is to be sent)			
	El Paso Natural Gas Unit Sec. Twp Rge.		P. O. Box 1384, Jal, New Mexico 88252 Is gas actually connected? When Scheduled to be tied				
	If well produces oil or liquids, give location of tanks.	J 14 215 34E	No .	in by 9/15/78			
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.			
	Designate Type of Completic		X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	5/7/78	8/22/78	13,000 Top Oil/Gas Pay	12,903 Tubing Depth			
	Wilson	Name of Producing Formation Morrow	12,703	12,590			
	Perforations 12,703 - 12,		1277.03	Depth Casing Shoe			
	3702 KB, 3700 DF, 36	3702 KB, 3700 DF, 3680 GR 13,000					
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	17 1/2"	13 3/8	530	500			
	12 1/4"	8 5/8	5710	2300			
	7 7/8"	4 1/2	13000 12590	1750			
w	TEST DATA AND REQUEST F	OR ALLOWARLE (Test must be a		and must be equal to or exceed top allow			
٠.	OIL WELL	II. WELL. able for this depth or be for full 24 hours)					
	Oate 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.	Wuter-Bbls.	Gas-MCF			
		J					
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	7 hours Tubing Pressure	Casing Pressure	55 Choke Size			
	Back PRessure	200# FTP (2950# SITP)	0 (Pkr)	1/2"			
VI.	CERTIFICATE OF COMPLIANCE		gep 221	ATION COMMISSION			
	I hereby certify that the rules and :		APPROVED JLI	, 19			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY Johns	Jeplan			
			TIXE				
	000 1						
	WAIC //		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
	1VI) aka		If this is a request for allow	wable for a newly drilled or deepened			

(Signature) S. P. Baker

District Drilling Engineer

(Title) September 11, 1978 (Date) well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 multiple clated wells