

NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FILE
S. G. S.
AND OFFICE
TRANSPORTER OIL
GAS
ERATOR
ORATION OFFICE
Editor

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

Trebol Drilling Company
 P. O. Box 3986, Odessa, Texas 79760

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

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

DESCRIPTION OF WELL AND LEASE

Lease Name Lusk Deep Unit	Well No. 1	Pool Name, Including Formation Undesignated-Bone Springs	Kind of Lease State Federal or Lea
Location			
Unit Letter A	660 Feet From The North Line and	660 Feet From The East	
Line of Section 19	Township 19S	Range 32E	NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	The Permian Corporation	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 3119, Midland, Texas 79704
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent)	Phillips Building, Odessa, Texas 79760
Well produces oil or liquids, give location of tanks.	Unit Shut in	Sec.	Twp. Shut in
		Is gas actually connected?	When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Pool	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

C. 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 G. Sackett
 (Signature)
Drilling and Production Superintendent
 (Title)
 August 26, 1966
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 1966
 BY **Joe L. Hamy**
 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.