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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PERORATION 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

Driller
Trebol Drilling Company
Address
P. O. Box 3986, Odessa, Texas 79760
County for filing (check proper box)
New Well
Completion
Change in Ownership X
Change in Transporter or
Oil
Casinghead Gas

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
Producing Formation
Lusk Strawn
Kind of Lease
XXX Federal or XX
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 X or Condensate
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 X or Dry Gas
Phillips Petroleum Company
Address (Give address to which approved copy of this form is to be sent)
Phillips Building, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks. LACT B Unit Sec. 19 Twp. 19S R. 32E Is gas actually connected? Yes When At completion

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

COMPLETION DATA
Designate Type of Completion - (X)
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

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.
Hale E. Lockitt
Drilling and Production Superintendent
August 26, 1966
OIL CONSERVATION COMMISSION
APPROVED
BY Joe O. Ramsey
TITLE SUPERVISOR
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.