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

Operator  
**Crebol Drilling Company**  
Address  
**P. O. Box 3986, Odessa, Texas 79760**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Leasehold ☐

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. **3** Pool Name, Including Formation **Undesignated-Morrow** Kind of Lease **xxx Federal xxx**  
Location  
Unit Letter **E**, **1650** Feet From The **North** Line and **660** Feet From The **West**  
Line of Section **20**, Township **19S** Range **32E**, NMPM, **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ 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 ☒ 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. Unit **B** Sec. **19** Twp. **19S** Rge. **32E** Is gas actually connected? **No** 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

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. Lockett**  
Drilling and Production Superintendent  
August 23, 1966

OIL CONSERVATION COMMISSION  
APPROVED **SEP 1, 1966**  
BY **John A. [Signature]**  
TITLE **SUPERVISOR DISTRICT**  
This form is to be filed in compliance with RULE 1104.  
If a new request for allowable for a new, drilled or deepened well, this request must be accompanied by a tabulation of the deviation of the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable and recompleted wells.  
Sections I, II, III, and VI only for changes of owner, well number, or transporter, or other such change of condition.  
Forms C-104 must be filed for each pool in multiply