

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

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

I. OPERATOR
 Operator **King Resources Company**
 Address **11111 Jones Road, Midland, Texas 79701**

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) **BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea-lex State	Well No. 1	Pool Name, including Formation Attache R-4014	Kind of Lease State, Federal or Fee State	Lease No. 1-2/32
Location Unit Letter L ; 1900 Feet From The Southern Line and 600 Feet From The East				
Line of Section 5 Township 17-S Range 34-E , NMPM, 422 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"/> Amiral Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1713, Midland, Texas 79701					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	1	5	17-S	34-E	--	--

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

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 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 6-1-70	Date Compl. Ready to Prod. 6-1-70		Total Depth 11,215		P.B.T.D. 11,150'			
Elevations (DF, RKB, RT, GR, etc.) 4124'	Name of Producing Formation Attache		Top Oil/Gas Pay 1,267		Tubing Depth 11,943'			
Perforations 1-200 1-150 7 1/2" holes 10,067-10,273 7 1/2" holes					Depth Casing Shoe 11,000'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-5/8"		374'		175 SXS			
11"	6-5/8"		4294'		500 SXS			
7-7/8"	5-1/2"		11,000'		300 SXS			

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 6-1-70	Date of Test 6-10-70	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 2400 psi	Casing Pressure Packer	Choke Size 20/64"
Actual Prod. During Test 258	Oil - Bbls. 258	Water - Bbls. 0	Gas - MCF 77

GAS WELL

Actual Prod. Test - MCF/D 3A	Length	ILLEGIBLE	Rate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing		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.

 (Signature)

 (Title)

 (Date)

OIL CONSERVATION COMMISSION
JUN 18 1970
 APPROVED _____, 19____
 BY **[Signature]**
 TITLE **SUPERVISOR DISTRICT**

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

RECEIVED

JUN 17 1970

**OIL CONSERVATION COMM.
HOBBS, N. M.**