

NO. OF COPIES RECEIVED

DISTRIBUTION

SANTA FE

FILE

U.S. G.S.

LAND OFFICE

TRANSPORTER OIL GAS

OPERATOR

PRODUCTION OFFICE

Operator

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-101 and C-102

Effective 1-1-65

Pontotoc Oil Corporation

Address **P.O. Box 5094, Midland, Texas 79701**

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 Condensate

If change of ownership give name and address of previous owner **Marcum Drilling Co., Box 5094, Midland, Texas 79701**

DESCRIPTION OF WELL AND LEASE

Lease Name **Hobbs-State** Well No. **2** Pool Name, including Formation **Hobbs Drinkard** Kind of Lease **State, Federal or Fee** State **Lea** Lease No. **A-1469-Z**

Location

Unit Letter **G** ; **1980** Feet From The **North** Line and **1830** Feet From The **East**

Line of Section **29** Township **18S** Range **38E** , **NMPLM** Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate **Atlantic Pipe Line Co.** Address (Give address to which approved copy of this form is to be sent) **Box 2810, Dallas, Texas 75221**

Name of Authorized Transporter of Casinghead Gas or Dry Gas **Phillips Petroleum Co. GPM Gas Corporation** Address (Give address to which approved copy of this form is to be sent) **Bartlesville, Oklahoma 74003**

If well produces oil or liquids, give location of tanks. Unit **C** Section **29** Township **18S** Range **38E** Effective **February 1, 1978** Gas actually connected? **Yes** When **N.A.**

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	Some Reentry	Diff. Reentry
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.		
Elevations (DF, RAS, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	

TUSING, 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 (Date 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

CONDENSATE WELL

Actual Prod. Test-MCF/D	Date of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, Lift, etc.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Choke Size

I hereby certify that the data and calculations of the Oil Conservation Commission have been examined and that the information given above is true and correct to the best of my knowledge and belief.

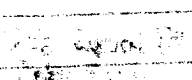


Agent

February 27, 1978

Effective 1-1-78

OIL CONSERVATION COMMISSION

APPROVED  , 1978

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a retest, it is eligible for a newly drilled or deepened well. Data must be supported by a tabulation of the drilled tests showing the same well number and RULE 111.

All wells must be plugged out completely for all shut-in wells and abandoned wells.

This form is to be filed in the O.C.C. file for change of well status and for new wells or other such changes of status.

Approved by the Commission for each pool located in the State of New Mexico.