

**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	

Operator  
**Walter W. Krug DBA Wallen Production Company**

Address  
**Box 1960 Midland, Texas 79702**

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of: \_\_\_\_\_  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 4/2/79  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.**

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Wallen Bass</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Seven Rivers Middle Lynch Yates,</b>	Kind of Lease <b>State, Federal</b>	Lease No. <b>LC070315</b>
Location Unit Letter <b>P</b> ; <b>660'</b> Feet From The <b>S</b> Line and <b>330'</b> Feet From The <b>E</b> Line of Section <b>21</b> Township <b>20S</b> Range <b>34E</b> , NMPM, <b>Lea</b> County				

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>1509 West Wall St, Midland, Texas 79701</b>
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 <b>D</b> Sec. <b>28</b> Twp. <b>20S</b> Rge. <b>34E</b>	Is gas actually connected? <b>no</b> When <b>soon within 14 days</b>

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>10/16/78</b>	Date Compl. Ready to Prod. <b>1/13/79</b>	Total Depth <b>3681'</b>	P.B.T.D. <b>3667'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>GR 3671'</b>	Name of Producing Formation <b>Yates</b>	Top Oil/Gas Pay <b>3440'</b>	Tubing Depth <b>3636'</b>					
Perforations <i>3 1/2" - 1'</i>			Depth Casing Shoe					

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15 1/2"	13 3/8"	259'	350 sxs class "c"
12 1/2"	10 3/4"	676'	mudded in PULLED
10"	8 5/8"	1194'	mudded in PULLED
8"	7"	3385'	1000 sxs class "c"

**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 <b>2/2/79</b>	Date of Test <b>2/13/79</b>	Producing Method (Flow, pump, gas lift, etc.) <b>swabbing</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>*****</b>	Casing Pressure <b>340 PSIG</b>	Choke Size <b>*****</b>
Actual Prod. During Test <b>154 BF</b>	Oil - Bbls. <b>93</b>	Water - Bbls. <b>61</b>	Gas - MCF <b>TSTM</b>

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

*Walter W. Krug*  
(Signature)  
**Engineer**  
(Title)

**OIL CONSERVATION COMMISSION**

APPROVED **FEB 26 1979**, 19\_\_\_\_  
BY *Jerry Sexton*  
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 or non-allowable wells.