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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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

CASINGHEAD GAS MUST NOT BE
 USED IN CONNECTION TO R-407D
 UNLESS PERMISSION TO R-407D
 IS OBTAINED.
 11/20/75

I. Operator **Allen K. Trobaugh**
 Address **106 Wall Towers West, 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) **Completion of temporarily abandoned well**

If change of ownership give name and address of previous owner _____
 THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eidson	Well No. 1	Pool Name, including Formation Shoobar Devonian	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter F ; 1980 Feet From The north Line and 1980 Feet From The west Line of Section 15 Township 16S Range 35E , NMPM, Lea 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001 Att: Becky Wood					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Unknown	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 F	Sec. 15	Twp. 16S	Rge. 35E	Is gas actually connected? No	When Unknown

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9/29/73	Date Compl. Ready to Prod. 9/24/75	Total Depth 12,700		P.B.T.D. 12,603				
Elevations (DF, RKB, RT, GR, etc.) 3991 GR	Name of Producing Formation Devonian	Top Oil/Gas Pay 12,417		Tubing Depth 12,447				
Perforations 12,523-516-510-493-464-432-424-421				Depth Casing Shoe 12,700				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8"		395		400			
11 3/4	9 5/8"		4609		600			
7 7/8	5 1/2"		12700		600			
	2 7/8"		12447					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 9/20/75	Date of Test 9/25/75	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 250	Casing Pressure pkr	Choke Size 14/64"
Actual Prod. During Test	Oil-Bbls. 148	Water-Bbls. 0	Gas-MCF 30

GAS WELL

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


 Operator
 9/25/75
 (Signature)
 (Title)
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY John W. Runyan
 TITLE _____

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 completed wells.

