

OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 ANIBBS OFFICE O. C. C.
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
FEB 15 11 52 AM '67

Form C-16,
 Supersedes Old Form C-16
 Effective 1-1-66

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

I. Operator
John L. Smith
 Address
Box 600, Dallas, Texas

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 **EFFECTIVE MARCH 1, 1967**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Union State	Well No. 1	Pool Name, including Formation Osada Morrow North	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter H	600 Feet From The East Line and 1900 Feet From The NORTH			
Line of Section 30	Township 30 S	Range 36 E	, NMPM, De County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
THE PERMIAN CORPORATION	P. O. BOX 3119, MIDLAND, TEXAS 79701			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
PERMIAN PETROLEUM CORPORATION	BOX 67, MONUMENT, NEW MEXICO			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 30	Twp. 20 S	Rge. 36 E
	Is gas actually connected?		When	
	YES		Approx. August 15, 1966	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
		X	X					
Date Spudded 5-26-66	Date Compl. Ready to Prod. 8-1-66	Total Depth 11,470'		P.B.T.D. 11,466'				
Elevations (DF, RKB, RT, GR, etc.) 3644.3' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,244'		Tubing Depth 11,178'				
Perforations 11,244-54'; 11,262-68'; 11,277-81'; 11,306-22'; 11,332-50'; 11,366-72';		11,416-26' /		Depth Casing Shoe 11,470				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		377'		375			
12-1/4"	9-5/8"		5,220'		500			
8-3/4"	5-1/2"		11,470'		500			
	2-7/8"		11,178'					

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	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 (pilot, 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.

John L. Smith
 (Signature)
 Clerk
 (Title)
 February 14, 1967
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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.