

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-105
 Effective 1-1-65

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DISTRIBUTION		
SANTA FE	1	
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
PRODUCTION OFFICE		

I. Operator **Nichols & Brady Production Company**

Address **3406 West Golf Course Road, Midland, Texas 79703**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

If change of ownership give name and address of previous owner **N. Dale Nichols, 3406 W. Golf Course Rd. Midland, TX. 79703**

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Cannon** Well No. **2** **West Bitter Lakes** Kind of Lease **Fee** Lease No.

Location: Unit Letter **I** **1350** Feet From The **South** Line and **330** Feet From The **East**

Line of Section **17** Township **10 South** Range **25 East** , N.M.P.M. **Chaves** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1133, Houston, Texas 77001

Name of Authorized Transporter of Casinghead Gas or Dry Gas
None 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 **I** Sec. **17** Twp. **10 S** R. **25 E** Is gas actually collected? **No.** When

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 Resv. Diff. Resv.

Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

Elevations (DF, RAB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth

Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)

OIL WELL

Date of 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. Gas - MCF Length of Test Bbls. Condensate, MCF Gravity of Condensate

Producing Method (Flow, pump, gas lift, etc.) Tubing Pressure (Static - In) Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

N. Dale Nichols
 Partner

December 19, 1977

OIL CONSERVATION COMMISSION
 APPROVED **JAN 2 1978**
 BY **H. H. Bennett**
 TITLE **SUPERVISOR, DISTRICT 1**

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 at the well in accordance with Rule 111.
 All workings of this form must be filled out completely for allowable purposes and recompletions.
 This form may be used by I, II, III, IV, V or VI for changes of owner, well, lease, casing, or transporter when such changes are authorized by Rule C-104 and must be filed for each pool or field.