

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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

MAR 21 1975

I. Operator **MONSANTO COMPANY** **PRODUCTION DEPARTMENT**  
Address **321 West Texas, 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>AVALON HILLS</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Burton Flat - Morrow</b>	Kind of Lease State, Federal or Fee <b>Federal NM</b>	Lease No. <b>0501759</b>
Location Unit Letter <b>G</b> <b>1980</b> Feet From The <b>North</b> Line and <b>2030</b> Feet From The <b>East</b> Line of Section <b>7</b> Township <b>21S</b> Range <b>27E</b> , NMPM, <b>Eddy</b> 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"/> <b>THE PERMIAN CORP.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1183, Houston, Texas 77001</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>LLANO, INC.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Drawer 1320, Hobbs, New Mexico 88240</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>7</b>	Twp. <b>21S</b>	Range <b>27E</b>	Is gas actually connected? <b>Yes</b>	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 Res'ty.	Diff. Res'ty.
		<b>X</b>	<b>X</b>					
Date Spudded <b>10/11/74</b>	Date Compl. Ready to Prod. <b>12/17/74</b>		Total Depth <b>11,410</b>		P.B.T.D. <b>11,374</b>			
Elevations (DF, RKB, RT, CR, etc.) <b>3188 Gr.</b>	Name of Producing Formation <b>Morrow</b>		Top Oil/Gas Pay <b>11,144</b>		Tubing Depth <b>10,906</b>			
Perforations <b>11,144-56; 11,168-76; 11,298-301; 11,350-58; 62 shots</b>					Depth Casing Shoe <b>11,410</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17 1/2"</b>	<b>13 3/8"</b>		<b>600</b>		<b>750 Sx.</b>			
<b>12 1/4"</b>	<b>9 5/8"</b>		<b>2470</b>		<b>1250 Sx.</b>			
<b>8 3/4"</b>	<b>5 1/2"</b>		<b>11,410</b>		<b>800 Sx.</b>			

V. 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	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 <b>6570</b>	Length of Test <b>1 Hr.</b>	Bbls. Condensate/MMCF <b>None</b>	Gravity of Condensate <b>---</b>
Testing Method (pilot, back pr.) <b>Back Pressure</b>	Tubing Pressure (shut-in) <b>3740</b>	Casing Pressure (shut-in) <b>Sealed</b>	Choke Size <b>2.25 Orifice</b>

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.



District Production Manager

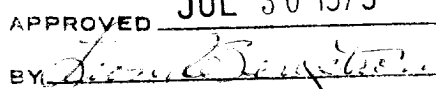
(Title)

March 18, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 30 1975**

BY 

TITLE **OIL AND GAS INSPECTOR**

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.