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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

Operator OKLAHOMA OIL COMPANY	
Address 4925 Greenville Ave., 1120 One Energy Square, Dallas, Texas 75206	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name JOHNSON	Well No. 1E	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEE	Lease No. ---
Location				
Unit Letter P : 1120 Feet From The South Line and 1120 Feet From The East				
Line of Section 21 Township 31N Range 13W , NMPM, San Juan 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)			
PERMIAN CORP.	202 Petroleum Club Bldg., Farmington, NM			
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)			
EL PASO NATURAL GAS	P.O. Box 990, Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 21	Twp. 31N	Rge. 13W
				Is gas actually connected? 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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 03/04/80	Date Compl. Ready to Prod. 06/06/80		Total Depth 6657		P.B.T.D. 6614			
Elevations (DF, RKB, RT, GR, etc.) 5685 GL	Name of Producing Formation DAKOTA		Top Oil/Gas Pay 6445		Tubing Depth 6550			
Perforations 6445-58, 6491-96, 6530-44					Depth Casing Shoe 6657			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		200		200			
7 7/8	4 1/2		6657		1200			

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)

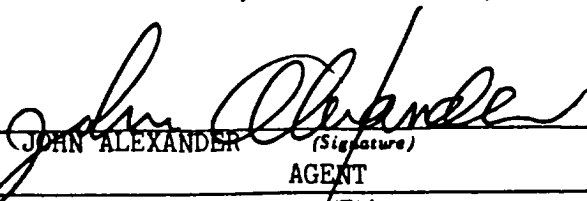
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1997	Length of Test 3	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 1939	Casing Pressure (Shut-in) 1935	Choke Size 3/4

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 ALEXANDER (Signature)  
AGENT (Title)  
July 30, 1980 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 31 1980, 19  
Original Signed by FRANK T. CHAVEZ  
BY SUPERVISOR DISTRICT # 3  
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.

