

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

REQUEST FOR ALLOWABLE  
AND HOUSE OFFICE O. C. C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
FEB 21 1 28 PM '67

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

I. Operator  
Western Drilling Co.  
Address  
Box 1392 Longview, Texas  
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)  
EFFECTIVE MARCH 1, 1967

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Gulf Federal Well No. 1 Pool Name, Including Formation Sawyer San Andres Kind of Lease State, Federal or Fee Federal Lease No.  
Location  
Unit Letter 0 : 660 Feet From The S Line and 1930 Feet From The E  
Line of Section 29 Township 9S Range 38E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
THE PERMIAN CORPORATION Permian (Eff. 9 / 1 / 87) P. O. BOX 3119, MIDLAND, TEXAS 79701  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)  
CITIES SERVICE OIL CO. Bartlesville, Okla. 74003  
If well produces oil or liquids, give location of tanks. Unit 1-6 Sec. 29 Twp. 9S Rge. 38E Is gas actually connected? Yes When 9/1/66

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 Restv. Diff. Restv.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, 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 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 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.  
Partner (Signature)  
2/16/67 (Date)  
OIL CONSERVATION COMMISSION  
APPROVED  
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.