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

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE**  
**HUSBAND - E. O. C. C.**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**  
**FEB 20 9 27 AM '67**

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

**I.**  
 Operator Ralph S. Cooley  
 Address P.O. Box 254, Midland, 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 <b>Brown "51"</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Sawyer San Andres</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No.
Location Unit Letter <b>F</b> ; <b>1650</b> Feet From The <b>West</b> <b>1980</b> Feet From The <b>North</b> Line of Section <b>19</b> ; Township <b>9 South</b> ; Range <b>38 East</b> ; NMPM, _____ County <b>Lea</b>				

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>THE PERMIAN CORPORATION</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. BOX 3119, MIDLAND, TEXAS 79701</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <b>F</b> ; Sec <b>19</b> ; Twp <b>9S</b> ; Range <b>38E</b> ; Is gas actually connected? <b>NO</b> ; When _____

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Deviations (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

**TEST DATA AND REQUEST FOR ALLOWABLE 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)

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
Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**WELL**

Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**STATEMENT OF COMPLIANCE**

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

Ralph S. Cooley  
 (Signature)

**Operator**

(Title)

**February 17, 1967**

(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY ORIGINAL FILE  
 SIGNED \_\_\_\_\_  
 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.