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TRANSPORTER	OIL GAS
OPERATOR	
OPERATION OFFICE	

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

Form O-104  
Supersedes Old O-104 and O-104  
Effective 1-1-65

**McCasland Disposal System**

**P.O. Box 98 Eunice, NM 88231**

Reason for filing (check proper box)	Other (Please explain)
<input type="checkbox"/> Well Completion <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter of Oil <input type="checkbox"/> Change in Transporter of Condensate <input type="checkbox"/> Change in Transporter of Dry Gas <input type="checkbox"/> Change in Transporter of Condensate	Request to sell 180,000 bbls of oil accumulated at Salt Water Disposal System

Change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE			
Well Name	Well No.	Pool Name, including Formation	Kind of Lease
Ma	#1	Jalmit Yates 7 Rivers Queen	State, Federal or Fee Federal

Well Letter M ; 660 Feet From The West Line and 660 Feet From The South Line of Section 31 Township 21S Range 36E , N.M.P.M. Lea County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>The Permian Corporation</u>	<u>P.O. Box 3119 Midland TX 79701</u>
Name of Authorized Transporter of Condensate <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
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If production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA							
Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'n. Test, etc.
	Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
Conditions (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Conditions						Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD			
MOLE 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.)	
Method of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil - bbls.	Water - bbls.	Gas - MCF

Method of Test - MCF/D	Length of Test	Lbbs. Condensate/MCF	Gravity of Condensate
Producing Method (flow, back pr.)	Tubing Pressure (1400-17)	Casing Pressure (1400-17)	Choke Size

**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 is true and complete to the best of my knowledge and belief.  
**McCasland Disposal System**  
**Box 98, Eunice, NM 88231**  
Bob Patterson  
*(Signature)*  
**Partner**  
*(Title)*  
**5-29-84**  
*(Date)*

**OIL CONSERVATION COMMISSION**  
**MAY 29 1984**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Jerry Setton  
**ORIGINAL SIGNED BY JERRY SETTON**  
**DISTRICT I SUPERVISOR**  
TITLE \_\_\_\_\_  
  
This form is to be filed in compliance with R.U.C.P. 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a completion of the deviate tests taken on the well in accordance with RULE 114.  
All sections of this form must be filled out completely for all wells on new and re-completed wells.  
Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter, or other such change of conditions.