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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

SEP 23 1969

O. O. C.  
ANNEBIA. OFFICE

Operator R. G. McPHERON	
Address Box 176, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Robb	Well No. 1	Pool Name, Including Formation Under.-Double L, Queen	Kind of Lease State, Federal or Fee	State State	Lease No. K-6647
Location					
Unit Letter H	2180	Feet From The North	Line and 660	Feet From The East	
Line of Section 1	Township 15 S	Range 29 E	, NMPM,		Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	Box 3119, Midland, Texas 79701					
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)					
none yet						
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 1	Twp. 15 S	Rge. 29 E	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)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/27/69	Date Compl. Ready to Prod. 9/16/69	Total Depth 1989'			P.B.T.D. 1955'				
Elevations (DF, RKB, RT, GR, etc.) 3853.0' GR	Name of Producing Formation Queen	Top Oil/Gas Pay 1924			Tubing Depth 1940'				
Perforations 1924'-28', 1932'-40'			Depth Casing Shoe 1989'						
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
10"	8 5/8		400.85		125				
8"	5 1/2		1989		150				

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 9/17/69	Date of Test 9/17 - 9/18/69	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 270	Casing Pressure	Choke Size 1/2"
Actual Prod. During Test	Oil-Bbls. 120	Water-Bbls. 0	Gas-MCF 96

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

OIL CONSERVATION COMMISSION

SEP 23 1969  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. A. Gressett  
OIL AND GAS INSPECTOR  
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.

R. G. McPHERON  
(Signature)

Operator

(Title)

9/22/69

(Date)