RECE. D BY	• • • •
MAR 3 1 1986	•
ENERGY AND MINERALS DEPARTMENT O. C. D.	Form C-104 Revised 10-01-78
	Format 06-01-83
SANTA PE	
	V MEXICO 87501
LAND OFFICE	
TRANSPORTER OIL P REQUEST FO	RALLOWABLE
OPERATOR A	ND
L AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS
Operator	
Fossil Fuels Inc. V	
P.O. Box 479, Dallas, tX 75221-0479	
Reason(s) for filing (Check proper boz)	Other (Please explain)
New Well Change in Transporter of:	Fossil Fuels Inc. is a subsidiary of
	y Gas Stallworth Oil & Gas, Inc., effective
Change in Ownership Casinghead Gas Ca	ondensate 1/1/86.
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including F	
	ayburg San Andress Federal or Fee Federal -5775
Location	
I 1000 m m South	1980' For The East
Unit Letter; 1980 Feet From TheSouth Lin	e and <u>1980'</u> Feet From The <u>East</u>
Unit LetterJ :980 Feet From The South Lin Line of Section 25 Township 16 Range	and <u>1980'</u> Feet From The <u>East</u> 30 , NMPM, <u>Eddy</u> County
Line of Section 25 Township 16 Range	30 , NMPM, Eddy County
25 - 16 20	30 , NMPM, Eddy County
Line of Section 25 Township 16 Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil XX or Condensate The Permian Corporation	30 , NMPM, Eddy County GAS Acideress (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001
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Line of Section       25       Township       16       Range         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL         Name of Authorized Transporter of OII       IV       or Condensate         The Permission Corporation         Name of Authorized Transporter of OII       IV       or Dry Gas         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         No gas       Unit       Sec.       Twp.         If well produces oil or liquids.       Unit       Sec.       Twp.       Rgs.         If well produces oil or liquids.       J       25       16       30         If this production is commingled with that from any other lease or pool.       NOTE: Complete Parts IV and V on reverse side if necessary.         VI. CERTIFICATE OF COMPLIANCE       I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.         Muman       Signature)       Signature)	30       NMPM,       Eddy       County         GAS       Address (Give address to which approved copy of this form is to be sent)       P.O. Box 1183, Houston, TX 77001         Address (Give address to which approved copy of this form is to be sent)       P.O. Box 1183, Houston, TX 77001         Address (Give address to which approved copy of this form is to be sent)       P.O. Box 1183, Houston, TX 77001         Address (Give address to which approved copy of this form is to be sent)       P.O. Box 1183, Houston, TX 77001         Address (Give address to which approved copy of this form is to be sent)       P.O. Box 1183, Houston, TX 77001         Address (Give address to which approved copy of this form is to be sent)       P.O. Box 1183, Houston, TX 77001         Address (Give address to which approved copy of this form is to be sent)       P.C. Box 1183, Houston, TX 77001         Address (Give address to which approved copy of this form is to be sent)       P.O. Box 1183, Houston, TX 77001         Is gas actually connected?       When       Y-1/-86         give commingling order number:       OIL CONSERVATION DIVISION         APPR 8 1986       Y       Y         BY
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Form C-104 Revised 10-01-78 Format 05-01-83 Page 2

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## **IV. COMPLETION DATA**

Designate Type of Completi	on - (X)	OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Resty
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D. Tubing Depth			
Elevations (DF, RKB, RT, CR, etc.)				Top Oll/Gas Pay					
Perforations	<u></u>					<del></del>	Depth Casi	ng Shoe	
· · · · · · · · · · · · · · · · · · ·		TUBING, C	CASING, ANI	DCEMENTI	NG RECOR	D			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
·				+	•				
	· · · ·			+	· · · · · · · · · · · · · · · · · · ·				
<del></del>				+			-+		

## V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL able for this depth or be for full 24 hours)

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

## GAS WELL

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