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		ONSERVATION COMMISSION	Form C-104
	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65
FILE		AND	
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	ON ECEIVED
LAND OFFICE			•
TRANSPORTER OIL			
GAS			MAR 5 1988
OPERATOR 6			
PRORATION OFFICE			a. c. c.
NX JOHN R. GR	ΛΥ		ARTESIA, OFFICE
Address Box 1046	Artesia, New Mex	ico 88210	
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 Conden		
If change of ownership give name of and address of previous owner	STLE & WIGZELL B	еж 4 Midland, Tex	as 79701
-			
II. DESCRIPTION OF WELL AND L	EASE	ormation Kind of Lea	James No.
Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lea	ral or Fee State E7075
Pan Am State	Red Lake G	raybure State, Fede	eral or Fee Dod De Difory
Location Unit Letter I 231	O South Line	e andFeet From	East
Line of Section 28 Town	nship 17 Range	28 , _{NMPM} , Ec	ldy County
III. DESIGNATION OF TRANSPORT	ED OF OIL AND NATURAL GA	s	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)
PERMIAN CORP.		Box 3119 Midland	d. Texas 79701
Name of Authorized Transporter of Casi	nghead Cas Or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)
PHILLIPS PETROLE	EUM CORP.	Box 6666 Ode	
		·	When
	Unit Sec. Twp. Rge, 28	(1)	
If this production is commingled with	n that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA			Plug Back Same Resty, Diff. Resty,
Designate Type of Completion	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Designate Type of Completion	$\mathbf{I} = (\mathbf{A})$	1	
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
De ferritore			Depth Casing Shoe
Perforations			
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLL SILL			
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load (opth or be for full 24 hours)	oil and must be equal to or exceed top allou
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF

Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

Bbls. Condensate/MMCF

TITLE .

VI. CERTIFICATE OF COMPLIANCE

Actual Prod. Test-MCF/D

GAS WELL

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.

Length of Test

Oil B. Hand	
John R. They (Signarius)	
3/5/69 (Date)	

OIL CONSERVATION COMMISSION

Gravity of Condensate

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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.