

Aug. & Sept. 1968

## SUPPLEMENT TO THE OIL PRORATION SCHEDULE

PURPOSE: ALLOWABLE ASSIGNMENT (Low Well)

August Total = 775 bbls  
Sept. Total = 740 bbls

OIL CONSERVATION COMMISSION

**EXTRA COPY**

NO. OF FORMS RECEIVED	5
DISTRIBUTION	
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LAND OFFICE	
TRANSPORTER	OIL /
	GAS
OPERATOR	2
PRORATION OFFICE	

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

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

RECEIVED

AUG 26 1968

NAME JACK L. McCLELLAN		O. C. C. ARTESIA OFFICE	
Address Box 848, ROSWELL, NEW MEXICO, 88201			
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 HARRIS FEDERAL	Well No. 1	Pool Name, Including Formation WEST HENSHAW GRAYBURG	Kind of Lease State, Federal or Fee FEDERAL
Location Unit Letter <b>X P</b> LOT 16 ; 2970 Feet From The SOUTH Line and 660 Feet From The EAST			
Line of Section 5 , Township 16-S Range 30-E , NMPM, EDDY 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"/> THE PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) Box 3119, MIDLAND, TEXAS 79701		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NOT KNOWN AT THIS TIME	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 LOT 16	Sec. 5	Twp. 16S
	Rge. 30E	Is gas actually connected? NO	When 30 DAYS

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)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 4/29/68	Date Compl. Ready to Prod. 8/1/68		Total Depth 2780'		P.B.T.D. 2777'			
Pool GRAYBURG WEST HENSHAW	Name of Producing Formation PREMIER		Top Oil/Gas Pay 2757'		Tubing Depth 2727'			
Perforations 2757-62'; 2746-52'; 2734-44'					Depth Casing Shoe 2780			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/2"	8-5/8"		440		100 SX			
8"	7"		2032 (PULLED 1530')		130 SX			
6-3/4"	5-1/2"		2137' (PULLED)		MUDDIED			
5"	4-1/2"		2780'		100 SX			

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)

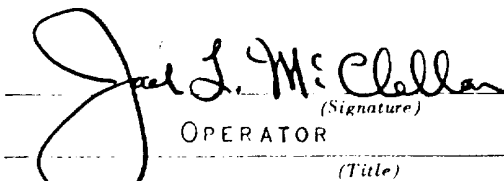
Date First New Oil Run To Tanks 8/1/68	Date of Test 8/2/68	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HOURS	Tubing Pressure 0	Casing Pressure 350 SI	Choke Size 1/2"
Actual Prod. During Test 30	Oil-Bbls. 25	Water-Bbls. 5	Gas-MCF 150

GAS WELL

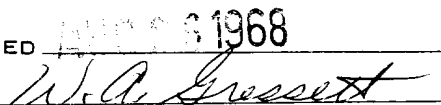
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

  
OPERATOR  
AUGUST 23, 1968  
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19  
BY  
TITLE OIL AND GAS INSPECTOR

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 Sections I, II, III, and VI only 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.