

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

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

FEB 02 1981

Operator W. A. Moncrief, Jr. ✓		O. C. D. AMESA OFFICE	
Address 9th at Commerce, Fort Worth, Texas 76102			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 3-21-81 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED By # 2-493 until Further Notice	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner			

Lease Name State "23"		Well No. 1	Pool Name, including Formation Empire Yates, Seven Rivers	Kind of Lease State, Federal or Fee	State Texas	Lease No. V-220
Location Unit Letter L ; 1650 Feet From The south Line and 330 Feet From The west						
Line of Section 23 Township 17S Range 28E, NMPM, Eddy County						

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas 77001				
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)				
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 23	Twp. 17S	Rge. 28E	Is gas actually connected? TSTM	When

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/8-80	Date Compl. Ready to Prod. 1-9-81	Total Depth 840'			P.B.T.D. 822'				
Elevations (DF, RKB, RT, GR, etc.) 3579 GD	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 774'			Tubing Depth 812'			
Perforations 774- 780 (12 holes), 783-786 (6 holes) and 800- 812 (11 holes)						Depth Casing Shoe 840'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
11"	8-5/8" PVC		140'			60 sax class "C" + 4%Co			
7-7/8"	4 1/2"		840'			325 sax class "C"			
4 1/2"	2-3/8"		812'						

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 1-21-81	Date of Test 1-30-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure none	Casing Pressure none	Choke Size
Actual Prod. During Test 50 BO + 5 BLW	Oil-Bbls. 50	Water-Bbls. 5 BLW	Gas-MCF TSTM

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.	
Dewey E. Thornton (Signature) Exploration Manager (Title) 1-30-81 (Date)	

OIL CONSERVATION COMMISSION FEB 02 1981	
APPROVED	19
BY	W. A. Dussett
TITLE	SUPERVISOR, DISTRICT II
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	