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PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
RECEIVED
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
SEP 15 1976

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

O. C. C.
ARTESIA, OFFICE

Operator		R. Q. Silverthorne	
Address		P.O. Box 385, Artesia, New Mexico 88210	
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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lanning	3	Shugart Yates SR-Q-G	State, Federal or Fee	Federal NM 01375A
Location				
Unit Letter	I	1650 Feet From The	South	Line and 330 Feet From The East
Line of Section	25	Township	18S	Range 30E, 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Texas New Mexico Pipeline Company				P.O. Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company				Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	I	25	18	30	yes Sept. 1, 1976

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
8-13-76	8-19-76		3800		3785			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3568 Gr.	San Andres		3553 3504					
Perforations					Depth Casing Shoe			
3504, 09, 14, 21, 39, 41, 51, 53. 3601, 03, 05, 66, 68, 80, 84, 88. 3706, 10, 12, 14, 16								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		821		350			
7"	5 1/2"		3800		300			

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)

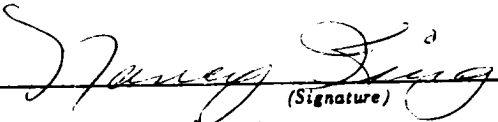
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-1-76	9-1-76	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
1 hr.		25	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
150	75	75	

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.


(Signature)
Agent
(Title)

OIL CONSERVATION COMMISSION

APPROVED SEP 20 1976
BY W. A. Gressett
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 allow-