DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PROPATION OFFICE

NEW MEXICO OIL CONSERVATION COMMIS...UN REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	OIL GAS	/		RECEIVED								
OPERATOR												
PRORATION OFFICE RCV 15 1977 Operator												
Morris R. Antweil												
Address	A FIFTH 1 A											
Box	BOX 2010, HODDS, New Mexico 60240											
Reason(s) for filing (Check proper box) Other (Please explain)												
New Well	띔			-	Change in Transporter of: Oil Dry Gas							
Recompletion Change in Ownership	H			-	Casinghead Gas Condensate							
If change of owners and address of prev			ie									
and address of prev	lous ow	nei _		 								
DESCRIPTION O	F WEL	L A	ND I	LEASE	Dool No	me, Including F	ormation		Kind of Lease		Lease No.	
Lease Name Dinkus Co		1	,					er Fee State K-6259				
Location			<u></u>					K-6458				
Unit Letter	ζ	. 1	980) Feet Fro	_{m The} Sc	outh , ,	e and 1	.980	Feet From T	_{he} West		
Line of Section	28		Tow	nship 18	-S	Range	25-E	, NMPI	M, Edd	<u>Y</u>	County	
			0 D II	ED OF OU	4510.51	AMUDAY CA	6		*			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)												
The Permian Corporation							Box 1183 Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas 🔼 💮 or Dry Gas 🗍							Address (Give address to which approved copy of this form is to be sent)					
El Paso N	al	G٥				···-			Texas 79978			
If well produces oil		s,		Unit Sec		/p. Rge. L8 25	1	Mo 160		" //-2/-7?		
give location of tank				<u> </u>				No ye.	·	3 5 C . LL-1		
If this production is		ngled	i wit	h that from ar	y other	lease or pool,	give comm	ingling orde	er number:			
COMPLETION DA					oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v. Diff. Res'v.	
Designate Type of Completion				$\mathbf{n} = (\mathbf{X})$		X	X			! !		
Date Spudded			Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
13 August 1976				27 Oc			9034'			8980 ' Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) 3566 GR			Name of Prod Atoka		mation	Top Oil/Gas Pay 8602'			8550'			
Perforations		11conu		<u>, , , , , , , , , , , , , , , , , , , </u>	0002			Depth Casing Shoe				
8602'-8610' & 8612' - 8618'						l6 holes				9034'		
				1	UBING,	CASING, AND	CEMENTING RECORD					
•	HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	17-1/2"		13-3/8"			315'		····	493 sx. 1155 sx.			
12-1/4"		8-5/8" 5-1/2"			1150' 9034'			560 sx.				
77_8"	7-7/8"		2-3/8"			8550 '						
TEST DATA ANI	REQ1	UES.	r Fo			(Test must be a	fter recover	y of total vol	ume of load oil o	and must be equa	l to or exceed top allow=	
OIL WELL						able for this de	pth or be fo	r full 24 hou	rs)		7	
Date First New Oil Run To Tanks		Date of Test			Producing Method (Flow, pump, gas lift			i, etc.) }	1 1 1 2			
Leasth of Tool		Tubing Pressure			Casing Pressure			Choke Size				
Length of Test									1 11 00			
Actual Prod. During Test		Oil-Bbls.			Water-Bbls.			Gas - MCF	be			
							<u> </u>			<u> </u>		
											12	
Actual Prod. Test-MCF/D			Length of Test			Bbis. Cordensate/MMCF			Gravity of Condensate			
	1864 MCFPD		1 hr.									
	sting Method (pitot, back pr.) T		Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
Back pres	sure	<u> </u>		229	2 psi	<u> </u>	<u> </u>	Pkr.			nown.	
CERTIFICATE C	F COM	(PL	IANO	CE				OIL	SONSFRYA	три сомм	ISSION	
							APPRO	N/ED	MOAPO	•	19	
I hereby certify the Commission have	at the ru	iles i	and r ed w	egulations of ith and that	the Oil	Conservation rmation given	210 91000					
above is true and	comple	te to	the	best of my	knowled	ge and belief.	BY					
							TITLE SUPERVISOR, DISTRICT, IL					
								This form is to be filed in compliance with RULE 1104.				
C'mWilliam (Signature)								If this is a request for allowable for a newly drilled or deepened				
(Signature)							well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
Agent							All sections of this form must be filled out completely for allow-					
(Title)							sble on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,					
14 November, 1977 (Date)							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.				