

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		✓
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		
PRORATION OFFICE		

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

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

RECEIVED

SEP 2 1977

Operator Morris R. Antweil		O. C. C. ARTESIA, OFFICE	
Address Box 2010, Hobbs, N.M. 88240			
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 Penasco	Well No. 1	Pool Name, Including Formation Undesignated Morrow	Kind of Lease State, Federal or Fee	Fee	Lease No. ---
Location Unit Letter O ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 20 Township 18-S Range 25-E, NMPM, Eddy County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Co.	Box 1492, El Paso, Texas 79978				
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 20	Twp. 18	Rge. 25	Is gas actually connected? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes When 9-15-77 Est. 8 Sept., 1977

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.
		X	X					
Date Spudded 29 March, 1977	Date Compl. Ready to Prod. 23 June, 1977		Total Depth 8830'		P.B.T.D. 8725'			
Elevations (DF, RKB, RT, GR, etc.) 3573' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 8634'		Tubing Depth 8573'			
Perforations 8634'-8643', 8646'-8649' & 8651'-8662' (26 holes)					Depth Casing Shoe 8830'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		300'		325 SX.			
12-1/4" & 11"	8-5/8"		1200'		875 SX.			
7-7/8"	5-1/2"		8830'		350 SX.			
	2-3/8"		8573'		---			

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 3143 MCF	Length of Test 1 hr.	Bbls. Condensate/MMCF 2.6	Gravity of Condensate 52.60
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 2700 psi.	Casing Pressure (shut-in) Pkr.	Choke Size 12/64"

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.

Rm William
(Signature)

Agent

(Title)

31 August, 1977

(Date)

OIL CONSERVATION COMMISSION

SEP 19 1977

APPROVED _____, 19____

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 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.