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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
OCT 21 1968
P.O. Box 1071
ARTERIA, TEXAS

I. Operator **E. A. Culbertson & Wallace W. Irwin and Odessa Equip. Co., Inc.** (**J. D. Haynes, President**)
Address **400 First National Bank Building, Odessa, Texas 79760**
Reason(s) for filing (Check proper box) ☐ New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
☐ Recompletion ☐ Casinghead Gas ☐ Condensate ☐
☒ Change in Ownership ☒ *connect loc. of tanks*

If change of ownership give name and address of previous owner **E. A. Culbertson & Wallace W. Irwin & So. Calif. Petroleum Corp.**
P. O. Box 1071, Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 18	Well No. 1-38	Pool Name, Including Formation E. Benson Yates	Kind of Lease State, Federal or Fee Federal	Lease No. LC-069464-A
Location Unit Letter E. ; 2310 Feet From The N Line and 660 Feet From The W Line of Section 18 Township 19S Range 31-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"/> None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks. L 18 19S 31E	Unit L	Sec. 18
	Twp. 19S	Rge. 31E
Is gas actually connected?		When

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations			Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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 total 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	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.

Odessa Equipment Co., Inc.

By: *W. A. Gressett*, Secretary
(Signature)

Joint Owner

(Title)

October 25, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED *W. A. Gressett*, 19

BY *W. A. Gressett*
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 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.