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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

Copy to S.F.

JAN 6 1969

O. C. C.
ARTESIA, OFFICE

Operator V. S. WELCH	
Address DRAWER W - ARTESIA, NEW MEXICO	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name GULF	Lease No.	Well No. I	Pool Name, Including Formation SHUGART	Kind of Lease State, Federal or FEDERAL
Location				
Unit Letter A	990	Feet From The NORTH Line and 330	Feet From The EAST	
Line of Section 28	Township 18S	Range 31E	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) P.O. Box 3119-MIDLAND, TEXAS
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 A Sec. 28 Twp. 18S Rge. 31E Is gas actually connected? NO 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9/19/68	Date Compl. Ready to Prod. 12/26/68	Total Depth 3927	P.B.T.D. -					
Elevations (DF, RKB, RT, GR, etc.) 3733 GR	Name of Producing Formation GRAYBURG	Top Oil/Gas Pay 3913	Tubing Depth 3898					
Perforations 3913-3915	Depth Casing Shoe 3927							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
10	8-5/8"	827	50					
8	5-1/2"	3927	150					
	2 3/8"	3898						

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)

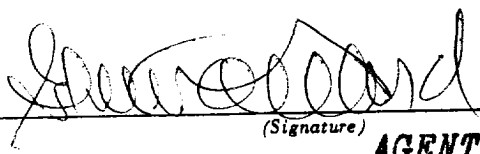
Date First New Oil Run To Tanks 12/26/68	Date of Test 12/26/68	Producing Method (Flow, pump, gas lift, etc.) SWABING	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size
Actual Prod. During Test 80.85	Oil-Bbls. 80 OIL	Water-Bbls. 5	Gas-MCF NO TEST

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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)

1-2-69

(Date)

OIL CONSERVATION COMMISSION

JAN 6 1969

APPROVED _____, 19

BY **W. A. Gressett**

TITLE **OIL AND GAS INSPECTION**

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.