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TRANSPORTER	OIL		
INANSPORTER	GAS	1	
OPERATOR			
PROBATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION 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

	LAND OFFICE		CEIVE	s'			
	TRANSPORTER OIL	-	- U L ; V t <sub>v.</sub> ;	,			
	GAS I						
	PRORATION OFFICE	OCT 2 9 1973					
1.	Operator						
	Dorchester Exploration, Inc. D. C. ARTESIA, OFFICE						
		1204 Vaughn Bldg., Midland, Texas 79701					
	Reason(s) for filing (Check proper box)  Other (Please explain)						
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Gas					
	Change in Ownership	Casinghead Gas Condens	sate				
	***						
•	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo.	rmation	Kind of Lease	Lease No.		
	Arco-Federal	l Winchester-Mon		State, Federal	cr Fee Federal NM 04286		
	Location	1 WINCHESCET - HOI	LIUW	<u> </u>	reneral NM Dezao		
	Unit Letter E ; 19	980 Feet From The North ine	and <b>66</b> 0	Feet From Th	ne West		
	,			<del>-</del>			
	Line of Section 34 Tox	wnship 198 Range	28E , NMPM	. Edd	y County		
			_				
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS	Address (Give address	to which approve	ed copy of this form is to be sent)		
	l .		,				
	The Permian Corporation  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 Natural Gas Co	mn an iz	Rov 1384 Te	1 Nov. Mo	vice		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Box 1384, Je Is gas actually connect				
	give location of tanks.	E 34 19S 28E	No y	es ab	out November 6, 1973		
	If this production is commingled wi	th that from any other lease or pool,	,				
IV.	COMPLETION DATA		New Well Workover	Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completic		X 4	) l	Tag Back Same No.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	- I	P.B.T.D.		
	8-9-73	10-17-73	11400		11200		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	3324 RKB	Morrow	10937		10792		
	Perforations				Depth Casing Shoe		
	10937-963				11400		
		TUBING, CASING, AND					
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS	ET	SACKS CEMENT		
	17 1/2	13 3/8	311		375 sks.		
	12 1/4	8 5/8	2940		355 sks.		
	7 7/8	4 1/2 2 7/8"	11400		800 sks.		
<b>3</b> 7	TEST DATA AND REQUEST F	<u> </u>		ume of load oil a	nd must be equal to or exceed top allow-		
٧.	OIL WELL	able for this de	pth or be for full 24 hour	s)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Floa	w, pump, gas lift	, etc.)		
			Control Processor		Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure		Chore Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas - MCF		
	Actual Prod. During 1980	CII-Baia.					
GAS WELL 4 Point Test - will run after gas line connection							
	300	4 hrs.			Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	5-1B )			
	Back Pressure	2850	pkr.		20/64		
VI.	CERTIFICATE OF COMPLIAN	CE			TION COMMISSION		
		to the Oil Conservation	APPROVED	v 6 1973	, 19		
	I hereby certify that the rules and Commission have been complied	1.1 Q. Granats					
	above is true and complete to th	e best of my knowledge and belief.	BY	1199-			
			TITLE _OIL AND	CAS INVOENT			
	1-017	)					
(5-8') hu		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened					
	(Sign	nature)	wall this form mus	at he accompar	ried by a tabulation of the deviation		
	Engineer	well, this form 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.					
	(T						
	10-26-73						
	(D	Date)	well name or number, or transporter, or other such change of conditions  Separate Forms C-104 must be filed for each pool in multiply				
			completed wells.				