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LAND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR				
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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	TRANSPORTER OIL GAS	RECEIVED				
I.	OPERATOR PRORATION OFFICE Operator	MAR 1 2 1973				
	Clen Plesons Brilling Co., Inc					
	Address	10/4 4 430/44	ARTESIA, OF			
	2101 73 Street Inbhock Texas 79412 leason(s) for filing (Check Proper box) Other (Please explain)					
	New We!I	Change in Transporter of:	1	Perman Corporation		
	Recompletion	, , , , , , , , , , , , , , , , , , , ,				
	If change of ownership give name and address of previous owner	Casinghead Gas Conden	sate			
II.	. DESCRIPTION OF WELL AND LEASE					
Lease Name Well No. Pool Name, Including Formation Kind of Lease				2000 110.		
	Location	1 Millman Gray	State, Federa	State E-952		
Unit Letter I ; 330 Feet From The Rock Line and 2970 Feet From The North						
	Line of Section 18 Tow	wnship 198 Range	28世 , NMPM,	County		
111	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	<u> </u>			
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	eved copy of this form is to be sent)		
	Navajo Refining Od	Purchasing Co	Artesia, New Mexico			
	Name of Authorized Transporter of Cas	singhedd Gas of Dry Gas	Address (Give address to which appro	ived copy of this form is to be sent;		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en		
	give location of tanks.	I 18 198 28E				
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	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		
	Liovations (Dr., MAD, Mr., OM, etc.)					
	Perforations			Depth Casing Shoe		
TUBING, CASING, AND CEMENTING HOLE SIZE CASING & TUBING SIZE DE			CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v.	TEST DATA AND REQUEST FOOL WELL	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, 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 COMPLIAN	CE	OIL CONSERVATION COMMISSION			
		ARREOVED MAR 1 2 1973				
	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) (Title)		DU AND GAS INSPECTOR			
			TITLE	TITLE		
			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.			
(Title)		able 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