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 TRANSPORTER  OIL  GAS  
 OPERATOR  
 PRODUCTION OFFICE

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

Form O-10  
 Supersedes O-10-C-100 and O-110  
 Effective 1-1-66

**RECEIVED**

APR 15 1967

I. OPERATOR  
 PERM AMERICAN PETROLEUM CORPORATION  
 Address  
 BOX 48, MOBBS, N. M. 86040  
 Reasons for filing (check proper box)  
 New Well   Change in Transporter or  
 Recompletion  Oil  Dry Gas   
 Change in Ownership   Consigners Gas  Condensate   
 If change of ownership give name and address of previous owner \_\_\_\_\_  
 Other (please explain) Additional gas transporter L.P. GAS CONNECTION -

II. DESCRIPTION OF WELL AND LEASE  
 Well Name BIG EDDY UNIT #2-66 Well No. 7 BIG EDDY STRAIN Kind of Lease FED Lease No. NM-01189(A)  
 Location  
 Unit Letter 0 660 Feet From The SOUTH Line and 1800 Feet From The EAST  
 Date of Section 19 Township 20-S Range 31-E EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Approved Transporter of Oil  or Condensate   
THE PERMIAN COOP (TRUCKS) BOX 510, MIDLAND, TEXAS 79701  
 Name of Approved Transporter of Gas  or Dry Gas   
TOTASK COMPANY OF AMERICA BOX 8, GRANBOND, NEW MEXICO  
PHILLIPS PETROLEUM CO. 3014 W. 12TH, ALBUQUERQUE, TEXAS  
 If well produces oil or liquids, give location of tanks. Unit 0 Sec. 29 Twp. 20 Rge. 31 YES 5-16-66  
 YES 1-12-67

IV. COMPLETION DATA  
 Designate Type of Completion - (X)  Oil Well  Gas Well  New Well  Workover  Deepen  Plug Back  Same as last  Diff. Reelv.  
 Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.S.T.D. \_\_\_\_\_  
 Conventions (DF, RKB, RT, GR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top of Producing \_\_\_\_\_ Testing Depth \_\_\_\_\_  
 Perforations \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_  
 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 top allowable for this service or for 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/MCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
 Testing Method (pilot, back pr.) \_\_\_\_\_ Tubing Pressure (Shut-in) \_\_\_\_\_ Casing Pressure (Shut-in) \_\_\_\_\_ Choke Size \_\_\_\_\_

VI. CERTIFICATE OF COMPLIANCE  
 OIL CONSERVATION COMMISSION  
 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.  
 APPROVED \_\_\_\_\_, 19 \_\_\_\_\_  
 BY W. A. Gressett  
 TITLE DIRECTOR  
 Date 5-3-67  
 0+ 4- NMOC-A  
 1- NSW  
 1- OBP  
 1- SJSP  
 1- STATE LAND  
 1- WJ PARSONS  
 1- CULBERTSON-IRWIN