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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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JUL 9 1975

Operator MONSANTO COMPANY	
Address Production Dept., 321 West Texas, Midland, Texas 79701	
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"/>	
Other (Please explain) O.C.C. ARTESIA, OFFICE	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name PECOS	Well No. 1	Pool Name, including Formation AVALON MORROW GAS	Kind of Lease State, Federal or Fee Federal NM	Lease No. 0526982
Location Unit Letter N 1980 Feet From The West Line and 3300 Feet From The South Line of Section 5 Township 21S Range 26E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> THE PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 5	Twp. 21S	Range. 26E	Is gas actually connected? Yes	When 7-8-75

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't.	Diff. Res't.
		X	X					
Date Spudded 4/28/74	Date Compl. Ready to Prod. 6/27/74		Total Depth 10,875'		P.B.T.D. 10,820'			
Elevations (DF, RKB, RT, CR, etc.) 3205 Gr.	Name of Producing Formation Morrow		Top Oil/Gas Pay 10,664'		Tubing Depth 10,446'			
Perforations 10,664 - 10,674 & 10,696 - 10,710 w/ 48 shots					Depth Casing Shoe 10,875'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		500'		600 Sx.			
12 1/4"	9 5/8"		2030'		1000 Sx.			
8 3/4"	5 1/2"		10,875'		800 Sx.			
	2 7/8"		10,436'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed ton 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 2718	Length of Test 4 Hrs.	Bbls. Condensate/MMCF None	Gravity of Condensate -----
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3455	Casing Pressure (Shut-in) Sealed	Choke Size 24/64"

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.

*W. A. Grissett*  
(Signature)

Regional Production Manager

(Title)

July 8, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 10 1975

BY *W. A. Grissett*, 19

TITLE SUPERVISOR, DISTRICT II

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.