NEW MEXICO OIL CONSERVATION COMMISSION SA TAFE Form C-104 REQUEST FOR ALLOWABL FIE Supersedes Old C-104 and C-11 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS CETY ED AND Effective 1-1-65 .G.S. ID OFFICE OIL IRANSPORTER GAS OPERATOR FEB 20 1976 PRORATION OFFICE Operator D. C. C. NRM Petroleum Corporation 🗸 Address ARTESIA, OFFICE 900 Building of Southwest - Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) XX New Well Change in Transporter of: Request an additional 1000 bbl. testing Recompletion Oil Dry Gas Change in Ownership allowable. Requested 1000 bbls. 1-30-76 Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Golden Federal Golden Lane State, Federal or Fee Fed Location 910 Feet From The North Line and 660 Unit Letter West Feet From The 33 Township 20-S Range 30-E NMPM. Eddy Address (Give address to which approved copy of this form is to be sent)

	Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas				Box 1183 - Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)					
	If well produces oil or liquids, give location of tanks.	D	33 2	wp. P.ge. 0-S 30-E	Is gas actu	ally connecte	ed? W	hen		
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:									
	Designate Type of Completic	on – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
	Date Spudded 9-25-75	Date Comp	l. Ready to	Prod.	Total Depth			P.B.T.D.		
	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation 3343 G.L. Strawn				Top Oil/Gas Pay			Tubing Depth		
	Perforations 11,117; 118; 121; 122; 123; 124; 125; 126; 127;				11,117			10., 957 Depth Casing Shoe		
	TUBING, CASING, AND							12,642		
	HOLE SIZE	20 13-3/8 8-5/8			рертн set 450 1615			5ACKS CEMENT 750 1400		
}	17½ 12¼									
ľ	7-7/8	5-1/2			4040			1575		

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 top allowable for this depth or be for full 24 hours) OIL WELL 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-Bbis. Water - Bble. Gas - MCF

Testing Method (pitot, back pr.)

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

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.

Permian Corporation

Name of Authorized Transporter of Casinghead Gas

(Signature)

Consulting Engineer for NRM Petroleum Corp (Title)

2-17-76

(Date)

OIL CONSERVATION COMMISSION

Legse No.

C070286

County

FEB 27 1976 APPROVED

TITLE <u>SUPERVISOR, DISTRICT #</u>

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.