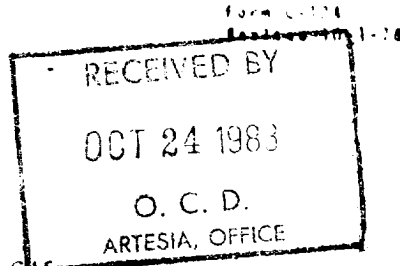


OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AS APPOSED	
DISTRIBUTION	
SANITARY	
WATER	
USE	
LAND	
TRANSPORT	
OPERATOR	
PRODUCTION OFFICE	

Oil Corporation
P.O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
 Recombination ☒ Casinghead Gas ☐ Condensate ☐
 Change in Ownership ☐

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Eddy "IT" State	Well No. 1	Pool Name, Including Formation Burton Int Morrow	Kind of Lease State, Federal or Fee	Lease State K-645
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line of Section 26 Township 20S Range 27E, NMPM, Eddy				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 1492 El Paso TX 79999
If well produces oil or liquids, give location of tanks. Unit K Sec. 26 Twp. 20S Rge. 27E	Is gas actually connected? when? No

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hst'y.	Diff. H.
Date Spudded 10-3-83	Date Compl. Ready to Prod. 10-9-83	Total Depth 11,325	P.B.T.D. 11,280					
Elevations (DF, RKB, RT, GR, etc.) 3,322' GL	Name of Producing Formation Morrow	Top Oil/Gas Pay 10,726	Tubing Depth 10,660'					
Perforations							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No New Casing			

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 depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Test 70-83 10-27-83 Temp 210°	
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 457	Length of Test 10-17-83	Bbls. Condensate/MMCF 2.5	Gravity of Condensate 60°
Testing Method (Initial, back pr.) Flow	Tubing Pressure (shut-in) 3175	Casing Pressure (shut-in) -	Choke Size 6/64

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. L. Pite

(Signature)
AREA ENGINEER

(Date)
10-21-83
(Date)

OIL CONSERVATION DIVISION

FEB 25 1985

APPROVED _____, 19

Original Signed By

BY Lesha A. Clements

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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of cond

Separate Forms C-104 must be filed for each pool in ma completed wells.