	DISTRIBUTION NTA FE		CONSERVATIC COMMISSION	Form C-104 Supersedes Old C-104 and (Effective 1-1-65
	3.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL	
	AND OFFICE	RED	EIVED	
	OFFRATOR			
1.	PROPATION OFFICE	VON	4 1977	
	PETROLEUM RESERVE CORPORATION O.C.C. Address ARTEBIA, OFFICE			
	4815 S. HARVARD, SUITE 305, TULSA, OK 74135			
	Reason(s) for filing (Check proper box) Other (Please explain)			
	Recompletion Oil Dry Gas			
	Change in Ownership 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 F	Formation Kind of Lea	Se
	STATE 21 COM.	1 HNT BURTON		L487. L1514
	Location			
	Unit Letter B; 6	60 Feet From The NORTH Li	ne and 1980 Feet From	The <u>EAST</u>
	Line of Section 21 To	wnship 20S Range	28E , NMPM, E	EDDY Count
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent)			
	PERMIAN CORPORATION P. O. BOX 1183, HOUSTON, TX 77001 Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this format to be sent)			
	CAS COMPANY OF NEW MEYICO			
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks. B 21 205 28E YES 10-24-77			
	f this production is commingled with that from any other lease or pool, give commingling order number: NO COMPLETION DATA			
	Designate Type of Completic	; X X	New Well Workover Deepen	Plug Back Same Resty, Diff. Res
	Date Spudded 2 - 1 3 - 77	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	5-11-77 Name of Producing Formation	11,427 Top Oil/Gas Pay	11,311 Tubing Depth
	3246 GR 3264 KB	MORROW	11,064	11.417
	-	80 32 holes; 11,1	48 -11,164 32 holes;	Depth Casing Shoe
	11,125-11,134 18 holes 11,409 TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		2 3/8"	11,417'	
	17½	13 3/8"	600'	400 sxs. Circ.
	12½ 7 7/8"	8 5/8" 4½"	3,000' 11,409'	1900 sxs. Circ. 800 sxs.
v . '	TEST DATA AND REQUEST FO	<u></u>	fter recovery of total volume of load oil	
i	OII. WEIL able for this depth or be for full 24 hours) Date First New Cil 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-Bble.	Water - Bbls.	Gas-MCF
,	GAS WELL			
	Actual Prod. Test-MCF/D 3245	Length of Teet 24 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
}	3245 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	BACK PRESSURE	2155	PACKER	12/64"
	CERTIFICATE OF COMPLIANC			ATION COMMISSION
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	ith and that the information given	BY	

(Signature)

(Title)

1, 1977
(Date)

ENGINEER

NOVEMBER

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.

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.