Letters .	OIL CONSERVAT P. O. HOX SANTA FE, NEW M REQUEST FOR A AND AUTHORIZATION TO TRANSPOR alty Company e, Midland, Texas 79705 Change in Transporter of: OIL Dry Gas Costingheod Gas Condensa	Orber (Please cap(an)) Request permission oil. This well is	CCEIVED BY 100 Avviore 10-1-28 OCT 16 1984 O. C. D. ARTESIA, OFFICE to remove 400 bb1s. a dry hole and will
If change of ownership give name and address of previous owner			
Location Unit Letter B : 660	Erect From The Line	and 1980 Feet From T	cr F•• State LG9812
I. DESIGNATION OF TRANSPORTE Name of Authorized Transporter of Cil () The Permian Corp. Name of Authorized Transporter of Casin	ghead Gas or Dry Gas	Address (Give address to which approv <u>P. O. Box 3119</u> <u>Midland</u> Address (Give address to which approv Is gas actually connected?	Texas 79702 ed copy of this form is to be sent)
Date Spudaod	- (X) Gas Well Dute Compl. Ready to Prod.	New Well Workover Deepen	Plug Book   Same Hesty, Diff. Hest P.B.T.D. Tubing Depth Depth Cosing Shoe
HOLESIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
2. TEST DATA AND REQUEST FO OIL WELL Dote First New OII Run To Tenks Length of Test Actual Fred, During Test	R ALLOWABLE (Test must be of able for this de Date of Test Tubing Pressue Oil-Bbie.	rer recovery of fold bolune of food of pik or be for full 24 hours) Producing Nethod (Flow, pump, gas li Casing Pressure Water-Bbls.	
GAS WELL Actual Frod. Test-MCF/D Testing Method (pilor, back pr.)	Length of Test Tubing Presewe (Shat-in)	Bbls. Condensate/AMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
I. CERTIFICATE OF COMPLIANCE I. 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 beat of my knowledge and belief.		OIL CONSERVATION DIVISION    OCT 1 7 1984   APPROVED   Original Signed By   BY   Lessie A: Clements   TITLE   Supervisor District II   This form is to be filled in compliance with nucle 1104.	
Barbara Carter Noland (Signature) October 15, 1984		If this is a request for all well, this form must be accom- tonts taken on the well in acc All sections of this form m able on new and recompleted	owable for a newly united in deviat panied by a tobulation of the deviat ordance with MULE 111. nust be filled out completely for all

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October 15, 1984

wi It! Fill out only ascritic in or other such change of condition well name or number, or transporter, or other such the sech puol in multi-