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TRANSPORTER	OIL	
	GAS	
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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

RECEIVED

SEP 13 1971

Operator <b>MORRIS R. ANTWEIL</b>		<b>O. C. C.</b> ARTESIA, OFFICE	
Address <b>Box 2010, Hobbs, New Mexico 88240</b>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
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"/>	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Joell</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>South Carlsbad (Strawn)</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location				
Unit Letter <b>C</b>	<b>660</b>	Feet From The <b>North</b> Line and <b>1980</b>	Feet From The <b>West</b>	
Line of Section <b>6</b>	Township <b>23-S</b>	Range <b>27-E</b>	<b>Eddy</b>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>The Permian Corporation</b>	<b>Box 3119 Houston, Texas 77001</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Llano, Inc.</b>	<b>Box 1320 Hobbs, New Mexico 88240</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>N</b>	Sec. <b>31</b>	Twp. <b>22</b>	Rge. <b>27</b>	Is gas actually connected? <b>No. Yes</b>	When <b>10-6-71</b> <b>16 Sept. 71</b>

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

**-Pending 4195 4-16-71**

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>	<b>X</b>					
Date Spudded <b>10 Dec. 70</b>	Date Compl. Ready to Prod. <b>2 Feb. 71</b>	Total Depth <b>10,830'</b>		P.B.T.D. <b>10,705'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>3211' DF</b>	Name of Producing Formation <b>Strawn</b>	Top Oil/Gas Pay <b>10,291'</b>		Tubing Depth <b>10,422'</b>				
Perforations <b>10,291' - 10,435' 13 holes</b>				Depth Casing Shoe <b>10,830'</b>				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17"</b>	<b>13-3/8"</b>	<b>350'</b>	<b>325'</b>
<b>11"</b>	<b>8-5/8"</b>	<b>2600'</b>	<b>850'</b>
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>10830'</b>	<b>1025'</b>
	<b>2-3/8"</b>	<b>10422'</b>	

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL **3/7/76 acc**

Actual Prod. Tub - MCF/D <b>385</b>	Length of Test <b>1 hr.</b>	Bbls. Condensate/MMCF <b>37.8</b>	Gravity of Condensate <b>59.2°</b>
Testing Method (st, back pr.) <b>Back Pressure</b>	Tubing Pressure (Shut-in) <b>4038 psig.</b>	Casing Pressure (Shut-in) <b>4064</b>	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.

*R. M. Williams*

(Signature)

Agent

(Title)

10 Oct. 71

(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 14 1971**, 19

BY *A. R. Gressitt*

OIL AND GAS INSPECTOR

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.

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