

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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 1-1-85

RECEIVED

200 21972

Operator <b>Morris R. Antweil</b>	
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"/>	Supplement to C-104
Recompletion <input type="checkbox"/>	Filed 30 June 72
Change In Ownership <input type="checkbox"/>	
Change In Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Randall</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Canyon-Wildcat</b>	Kind of Lease State, Federal or Fee	Fee	Lease No. ---
Location					
Unit Letter <b>K</b>	<b>1864</b>	Feet From The <b>South</b>	Line and <b>2005</b>	Feet From The <b>West</b>	
Line of Section <b>21</b>	Township <b>22-S</b>	Range <b>27-E</b>	, NMPM, <b>Eddy</b>		County

III. 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 1183, 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>K</b>	Sec. <b>21</b>	Twp. <b>22S</b>	Rge. <b>27E</b>	Is gas actually connected? <b>Yes</b>	When <b>1 July 72</b>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>29 Nov. 71</b>	Date Compl. Ready to Prod. <b>1 Jul. 72</b>		Total Depth <b>11,895'</b>		P.B.T.D. <b>10,100'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3120' GL</b>	Name of Producing Formation <b>Canyon</b>		Top Oil/Gas Pay <b>9930'</b>		Tubing Depth <b>9806'</b>			
Perforations <b>9930' - 9947' (14 holes)</b>					Depth Casing Shoe <b>10,413'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/2"</b>	<b>13-3/8"</b>		<b>375'</b>		<b>375 sx.</b>			
<b>12-1/4"</b>	<b>9-5/8"</b>		<b>5445'</b>		<b>1300 sx.</b>			
<b>8-3/4"</b>	<b>7"</b>		<b>10413'</b>		<b>435 sx.</b>			
<b>6"</b>	<b>4-1/2" liner</b>		<b>10200' - 11895'</b>		<b>200 sx.</b>			

V. 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

Actual Prod. Test-MCF/D <b>300 MCF</b>	Length of Test <b>24 hrs.</b>	Bbls. Condensate/MMCF <b>100 bbls/MMCF</b>	Gravity of Condensate <b>50°API</b>
Testing Method (pitot, back pr.) <b>Production</b>	Tubing Pressure (shut-in) <b>1260 psi (flowing)</b>	Casing Pressure (shut-in) <b>Pkr.</b>	Choke Size <b>6/64"</b>

VI. 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)

**3 August 72**

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **J. A. G. [Signature]**

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.