

OIL CONSERVATION DIVISION

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	GAS	✓
OPERATOR		
PROPAGATION OFFICE		

**O. C. D. REQUEST FOR ALLOWABLE
ARTESIA OFFICE AND
REGULATION TO TRANSPORT OIL AND NATURAL GAS**

Address P.O. Box 1600, Midland, TX 79702

If change of ownership give name and address of previous owner _____

Lease Name MARY FEDERAL	Well No. 1	Pool Name, including Formation Sheep Draw - Strawn	Kind of Lease State Federal Lease	Lease No. NM-0426782
Location Unit Letter <u>H</u> ; <u>1924</u> Feet From The <u>NORTH</u> Line and <u>651</u> Feet From The <u>EAST</u> Line of Section <u>11</u> Township <u>23 S</u> Range <u>25 E</u> , NMPM, EDDY Co				

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)	
PERMIAN CORPORATION Norman (Eff. 9/1/87)					P.O. Box 1183, Houston TX 77001	
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)	
TRANSWESTERN PIPELINE CO.					P.O. Box 2521, Houston TX 77252	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	11	23S	25E	yes	12-11-75

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Disl.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT.			
						Past ID-3			
						8-15-86			
						Chg. LT: NRC			

(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able 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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Janet L. L. L. L.
(Signature)

PERMITS SUPERVISOR
(Title)

OIL CONSERVATION DIVISION
AUG 15 1986

APPROVED _____, 19____
BY _____
TITLE _____

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells, whether or not they are being drilled. This form is to be filled out on new and recompleted wells.