HO. OF COPIES RECEIVED			15	
DISTRIBUTION				
SANTA FE				
FILE		17		
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	[T]		
, in and on the	GAS	IT		
OPERATOR		\prod		
PRORATION OFFICE				

· cette C -104				
Supersedes	Old	C-104	and	C-1
Effective 1-				٠.

	REQUEST FOR ALLOWABLE AND U.S.G.S. LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			Supersedes Old C-104 and C-1 Ellective 1-1-65			
			. 	Creacitan 1-1-02			
			ATURAL GAS	•			
	OIL	7	PECEIV				
	TRANSPORTER GAS	-					
	OPERATOR	7	MAR 1 1 197	4	:		
ı.	PRORATION OFFICE	<u> </u>					
	Operator	*					
		rvice Oil Company 🗸	in the second				
	Address		<u> </u>				
	Reason(s) for filing (Check proper box	- Midland, Texas 79701	Other (Please e	:			
	New Well	Change in Transporter of:	Omer (Fredse s	xpiain)			
	Recompletion	Oil Dry Go	as T		•		
,	Change in Ownership		nsate	ï			
							
	If change of ownership give name and address of previous owner						
	ind address of previous owner.						
11.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name	Well No. Pool Name, Including F		(ind of Lease	Lease No.		
	Paslay A Com.	1 Undes Mor	row s	tate, Federal or Fee	Fee		
	Location	000		•			
	Unit Letter K ; 2	230 Feet From The South Lir	ne and <u>1980</u>	Feet From The	West		
	Line of Section 8 To	wnship 225 Range	07E MMDM	TD A	_		
	Line of Section O 10	wastib SSD Raids	27E , NMPM,	Eddy	County		
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS.				
	Name of Authorized Transporter of Oil			which approved cop	y of this form is to be sent)		
	The Permian Corpora	ation .	Box 1183 - Hous	ton Teres	77001		
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas 💢	Address (Give address to	which approved copy	7700] y of this form is to be sent)		
	El Paso Natural Gas	S Company	Box 1492 - E1 P	aso Teras	70078		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Box 1492 - El P	•			
	give location of tanks.	K 8 228 27E	Ho Ves	المستركة إ	12-74		
	If this production is commingled wi	th that from any other lease or pool,	give commingling order n	umber:	,		
IV.	COMPLETION DATA						
	Designate Type of Completic	On - (X)	. i	Deepen Plug !	Back Same Res'v. Diff. Res'v.		
	<u>n</u>	X	X		X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T			
	11-22-73 Elevations (DF, RKB, RT, GR, etc.)	2-28-74 Name of Producing Formation	11,642' Top Oil/Gas Pay	Tubin	11,593'		
				1 dbin	g Depth		
	3090' GR.	Morrow Each 11,123'- 11,125'- 1	11,123'	Depth	11.311' Casing Shoe		
					11.634'		
	11,13211,134'- 11,136'- 11,197'- 11,199'- 11,201'- 11,214'- 11,215'* 11,634' TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
	20"	16"	350'		450 Sacks		
	15"	10-3/4"	1850'		1480 Sacks		
	9-1/2"	7-5/8"	8850 '		900 Sacks		
	6-1/2"	5-1/2" Liner	8618' - 11.	634' i	265 Sacks		
V.		OR ALLOWABLE (Test must be a	fter recovery of total volume	of load oil and must	t be equal to or exceed top allow-		
i	OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, p	umn and life ato)	: 		
	Date First New Oil Hun To Tanks	Date of lest	Producting Mathod (F tow, p	ump, gus ssjs, esc.)	;		
	Length of Test	Tubing Pressure	Casing Pressure	Choke	Size		
					·' -		
	Actual Prod. During Test	Oil-Bbis.	Water - Bble.	Gas-1	MCF		
					,		
ŗ							
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravit	ty of Condensate		
	C.A.O.F. 11,129 Testing Method (pitot, back pr.)	4 hrs. Tubing Pressure(shut-in)	0.156		51.2		
			Casing Pressure (Shut-11	1 3	Size 10/64", 14/64"		
l	Back Press.	3391#	ļ .	117/6	54" <u>, 21/64"</u>		
VI.	CERTIFICATE OF COMPLIANO	CE		NSERVATION	COMMISSION		
			APPROVED	1 5 1974			
	I hereby certify that the rules and r Commission have been complied w	egulations of the Oil Conservation	APPROVED	- U			
	Commission have been complied washove is true and complete to the	best of my knowledge and belief.	BY WULL	Bresse.	<u> </u>		
			TITLE OIL AND GAS	INSPECTOR	i e		
	•						
	Edula				nce with RULE 1104.		
-			mail this form must be	 accompanied by 	r a newly drilled or deepened a tabulation of the deviation		
	(Signa	,	tests taken on the we	il in accordance v	WITH MULE 111.		
-	Region Operatio		All sections of th	is form must be fill	iled out completely for allow-		
	(Tit	••/	able on new and recor		nd VI for changes of owner,		
	March 7, 1974	401	well name or number. o	r transporter, or ot	her such change of condition.		

*11,217'- 11,346'- 11,347'- 11,349'- 11,356'- 11,358'- 11,360'- 11,362'11,387'- 11,388'- 11,427'- 11,429'- 11,431- 11,444'- 11,445'- 11,448'- 11,509'- 11,511'(over)

11,513'- 11,515'- 11,531'- 11,532'- 11,533'- 11,535'- 11,554'- 11,556' and 11,557'.