

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-1
Effective 1-1-65

RECEIVED

OCT 5 1978

Operator **C & K Petroleum, Inc.** **O. C. C.**
ARTESIA, OFFICE

Address **P.O. Drawer 3546 Midland, Texas 79701**

Reason(s) for filing (Check proper box) Other (Please explain) **To cover delivery of fuel to C&K's Pennzoil Federal #2 for drilling operation for period Feb. 1978 thru April 1978.**

New Well	☐	Change in Transporter oil	☐	Dry Gas	☐
Recompletion	☐	Oil	☐	Condensate	☐
Change in Ownership	☐	Casinghead Gas	☐		

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name "9"	Well No. 1	Pool Name, including Formation White City (Penn)	Kind of Lease Federal	Lease No. 0475051
Location				
Unit Letter J	1980	Feet From The East	Line and 1980	Feet From The South
Line of Section 9	Township 24-S	Range 26-E	NMPLA	County El Paso

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
The Permian Corp.	P.O. Box 1185 Houston, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 492 El Paso, Texas 79901
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 9 24 26 1978 6 7 77

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Unit. Resv.
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

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

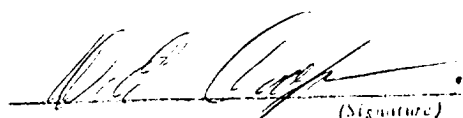
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-GBbls.	Water-GBbls.	Gas-MCF

GAS WELL

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

V. 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.


(Signature)

Administrative Supervisor
(Title)

September 29, 1978
(Date)

OIL CONSERVATION COMMISSION

OCT 6 1978

APPROVED _____, 19

BY **W. A. Gussert**

TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 1104.

If this be a request for allowable for a newly drilled or re-completed well, this form must be accompanied by a calculation of the volume of gas taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on lease and re-completed wells.

Fill out only Sections I, II, III, and IV for changes of name, well name or number, or transporter or other such change of conditions.