STATE OF NEW MEXICO						
BGY AND MINERALS DEPARTMENT					Form C-104 Revised 10-1-78	
	OIL CONSERVATION DIVISION					
DISTRIBUTION	P. O. BOX 2088 SANTA FE, NEW MEXICO 87501			RECE	RECEIVED	
	SANIA FE, NEW					
U 1.0.1.				.IAN 1 5	JAN 1 2 1882	
	REQUEST FOR ALLOWABLE AND				UNIT & GOL	
OAB	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			O. C.	O. C. D.	
PADNATION OFFICE				ARTESIA, (Défaition	
DINERO OPERATING CON	<u>MPANY</u>		<u></u>			
POST OFFICE DRAWER	10505, MIDLAND, TEXAS 79	702				
Reason(s) for filing (Check proper bos	xj	Other (1	Piease explain)			
New Well KX	Change in Transporter of: CASINGHEAD GAS MUST NOT BE FLARED ATTER 3-7-82					
Change in Ownership		Casinghead Gas Condensate UNLESS AN EXCEPTION TO P. 4306				
			OBTAINED		<u>kesen</u>	
d change of ownership give name and address of previous owner			EY. # 2	-622		
CSCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fi	ormation	Kind of Lease	9	Lease No.	
Huber State	State Federal			lor Foo State	L-6424	
Location	i					
Unit Letter C ;	660 Feet From The North Lin	• and1980	Feet From 7	rh• <u>West</u>		
				211	Country	
Line of Section 32 T	mahip 24-S Range 28.	<u>-E , 1</u>	NMPM,	Eddy.	County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S				
Nome of Authorized Transporter of Cl	1 X or Condensate	Address (Give add	lress to which approv	ved copy of this form is i	io be sentj	
The Permian Corporation	ston, Texas 77001 oved copy of this form is to be sent;					
Name of Authorized Transporter of Ca	isinghead Gas 🕅 or Dry Gas 🗌					
El Paso Natural Gas Co	Ompany Unit Sec. Twp. Rge.	P. O. Be		⁹ aso, Texas 79 ⁴	2/8	
if well produces oil or liquids, give location of tanks.	C 32 24S 28E	No	i			
·	ith that from any other lease or pool,		order number:			
COMPLETION DATA				Dive there I Same Day	s'v. Diff. Res'v.	
Designate Type of Completi	on - (X) Gas well	New Well Work	over [†] Deepen	Plug Back Same Res	i i i i i i i i i i i i i i i i i i i	
Date Spudded	Date Compl. Ready to Prod.	X Total Dopth		P.B.T.D.	l	
7/31/81	12/22/81	7.	300'	7,284' Tubing Depth		
levations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	. .	Tubing Depth		
3010.5 G.L.	Bone Spring	-6,1	00 0' 682	7.284 Depth Casing Shoe	6150	
Perforations	27 6724 72 shates 7004	7170 57 hol		7.2.00		
6090-6325, 46 notes, 64.	27-6734, 73 shotes, 7004- TUBING, CASING, AND				<u></u>	
HOLE SIZE	CASING & TUBING SIZE		TH SET	SACKS CEN	AENT	
17 1/2	13 3/8	403'		500_sx_ SW type	<u>e C 2%</u>	
11	8 5/8	2591'		1000 sx. Halb.	Lite-200	
7 7/8	4 1/2	- 6,900 ' //		<u>CL.C. 2% CC</u>	av Ulito	
and the second secon				and must be equal to or .		
TEST DATA AND REQUEST F	able for this de	pth or be for full 24	hours)			
Jute First New Oil Run To Tonks	Dote of Test	Producing Method	(Flow, pump, gas li)	(1, etc.)	× 1	
12/22/81	12/22/81 Tubing Pressure	Casing Pressure	Flowing	Choke Size		
Usingth of Test 24 hours	200#		820#	21/6	4 -	
Actual Pred. During Test	Oil-Bble.	Water - Bbls.		Gue-MCF	A and a	
	46	43		150	A Martine	
				A BAR AND A STATE		
TAS WELL Actual Prod. Tool-MCF/D	Length of Test	Bbls. Condensate,	/MMCF	Gravity of Condensate		
Actual Prod. Teet-MCT7D					1. T. Y.	
Testing Method (pitot, back pr.)	Tubing Presews (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
				1		
ERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation vision have been complied with and that the information given		OIL CONSERVATION DIVISION				
		APPROVED_	JAN 1 3 1	382	19	
			Wa Gresset			
bove is true and complete to the	e best of my knowledge and belief.	· BY				
		TITLE	SUPERVISOR I	NSTRICE II		
		This form is to be filed in compliance with MULE 1104.				
Lavara Joump-Lavonda Norman		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				
(Signature)		tests taken on the well in accordance with MULE 111.				
Production Clerk		All sections of this form must be filled out completely for allow-				
(Title) Jonuary (5: 1981		eble on new and recompleted walls. Fill out only Sections I, II, III, and VI for changes of owner,				
January <u>6</u> , 1981 (Dote)		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.				