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**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 1-1-65

I. PRODUCTION COMPANY
 Name: Permian Oil Company, Incorporated
 Address: 1700 N. 1st Street, Midland, Texas
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Incompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate Other (Please explain):
EFFECTIVE MARCH 1, 1967

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name <u>Marshall</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Marshall</u>	Kind of Lease State, Federal or Free <u>State</u>	Lease No.
Location	Section <u>1</u>	Township <u>27</u>	Range <u>10</u>	County <u>Midland</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>THE PERMIAN CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. BOX 3119, MIDLAND, TEXAS 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Permian Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>1700 N. 1st Street, Midland, Texas</u>
Well Section <u>1</u> Unit <u>1</u> Sec. <u>1</u> Twp. <u>27</u> Rge. <u>10</u>	Is gas actually connected? <u>Yes</u> When <u>March 1, 1967</u>

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Some Res't.	<input type="checkbox"/> Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Res'tions (DF, RFB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Res'tions	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

D. D. Delaney (Signature)
 Chief Production Clerk (Title)
 February 20, 1967 (Date)

OIL CONSERVATION COMMISSION
 APPROVED FEB 23 1967
 BY Original Signed by Emory C. Arnold
 TITLE SUPERVISOR

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.