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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS. 1
**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. OPERATOR

Operator: **MORRIS R. ANTWEIL**

Address: **P. O. Box 2010 Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Landlady	Well No. 1	Pool Name, Including Formation North Caprock- Miss.	Kind of Lease State, Federal or Fee State	Lease No. L-2775
Location				
Unit Letter B	660	Feet From The North	Line and 1980	Feet From The East
Line of Section 8	Township 12-S	Range 32-E	NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
The Permian Corp.	Box 1183 Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Co.	Box 1492 El Paso, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 8	Twp. 12-S	Rge. 32-E
	Is gas actually connected?		When	
	Yes		26 October 1979	

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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 13 August 1978	Date Compl. Ready to Prod. 8 February 1979	Total Depth 11,307'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 4403' GR	Name of Producing Formation Mississippian	Top Oil/Gas Pay 11,120'	Tubing Depth 11,078'					
Perforations 11,120' - 11,171'	Depth Casing Shoe 11,307'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	350'	375					
12-1/4" & 11"	8-5/8"	3700'	1400					
7-7/8"	5-1/2"	11307'	550					
	2-3/8"	11078'	-					

TEST DATA AND REQUEST FOR ALLOWABLE (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 19 October 1978	Date of Test 30 November 1978	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 1130 psi.	Casing Pressure Pkr.	Choke Size 7/64"
Actual Prod. During Test	Oil - Bbls. 66.93	Water - Bbls. -	Gas - MCF 309

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

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.

R. M. Williams
(Signature)
Agent
(Title)
26 October 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 26 1979**

BY **[Signature]**

TITLE **SUPERVISOR DISTRICT 4**

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.