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

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-  
 Effective 1-1-65

I. Operator  
**Joseph I. O'Neill, Jr.**

Address  
**P. O. Box 2840, Midland, Texas 79702**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well: <input checked="" type="checkbox"/>	We request permission to sell 800 bbls of crude which has been produced during completion of the well.
Recompletion: <input type="checkbox"/>	
Change in Ownership: <input type="checkbox"/>	
Change in Transporter of: Oil: <input type="checkbox"/> Dry Gas: <input type="checkbox"/> Casinghead 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 <b>Ora Jackson</b>	Lease No.	Well No. <b>1</b>	Pool Name, including Formation <b>Scharb Bone Springs</b>	Kind of Lease State, Federal or Fee	Fee
Location: Unit Letter <b>L</b> ; <b>660</b> Feet From The <b>West</b> Line and <b>1980</b> Feet From The <b>South</b> Line of Section <b>5</b> Township <b>19S</b> Range <b>35E</b> , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 3119, Midland, Texas 79702</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit    Sec.    Twp.    Rge. <b>L    5    19S    35E</b>
Is gas actually connected?	When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RNB, 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

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 (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.

*[Signature]*  
 PETROLEUM ENGINEER  
 (Title)  
 September 7, 1982  
 (Date)

OIL CONSERVATION COMMISSION  
**SEP 9 1982**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  
**ORIGINAL SIGNED BY**  
**JERRY SEXTON**  
**DISTRICT 1 SUPR.**

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 conditions.  
 Separate Forms C-104 must be filed for each pool in multiple wells.