

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

Form 1-104  
Supersedes Old C-104 and C-110  
Effective 1-1-85

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. OPERATOR**  
Operator: MORRIS R. ANTWEIL  
Address: P. O. BOX 2010, Hobbs, NM 88240

Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter  Other (Please explain):  
 Recompletion  Oil  Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.  
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner: \_\_\_\_\_  
 THIS WELL HAS BEEN PLACED IN THE POOL OF \_\_\_\_\_  
 OIL AND GAS. IF YOU DO NOT CONCUR, NOTIFY THE OIL FIELD OFFICE. **R-7396 12-1-83**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: Federal "7"	Well No.: 1	Pool Name, including Formation: Undesignated	Kind of Lease: State, Federal or Fee: Federal	Lease No.: NM38473
Location: Unit Letter: D ; 660 Feet From The North Line and 990 Feet From The West Line of Section: 7 Township: 21S Range: 38E, NMPM, Lea County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil: <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent): P. O. Box 1183, Houston, TX 77001
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: D, Sec: 7, Twp: 21S, Rge: 38E	Is gas actually connected? No

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input checked="" type="checkbox"/>
Date Spudded: 4/17/83	Date Compl. Ready to Prod.: 5/14/83	Total Depth: 7515	P.B.T.D.: 6329					
Elevations (DF, RKB, RT, GR, etc.): 3534.8 GR	Name of Producing Formation: Blinebry	Top Oil/Gas Pay: 6074 1/2	Tubing Depth: 6160					
Perforations: 6074 1/2 - 6131 (20 holes)	Depth Casing Shoe: 7507							

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4	8-5/8	925	830
7-7/8	4-1/2	7507	2625

**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: 5/20/83	Date of Test: 6/3/83	Producing Method (Flow, pump, gas lift, etc.): Pump
Length of Test: 24 hrs	Tubing Pressure: ---	Casing Pressure: ---
Actual Prod. During Test: Oil - Bbls. 22.7	water - Bbls. 68.2	Gas - MCF 20.41

**GAS WELL**

Actual Prod. Test - MCF/D: _____	Length of Test: _____	Bbls. Condensate/MMCF: _____	Gravity of Condensate: _____
Testing Method (pilot, 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.

*James Hillard*  
(Signature)  
Agent  
(Title)  
June 16, 1983

OIL CONSERVATION COMMISSION  
 APPROVED JUN 8 1983, 19\_\_\_\_  
 BY ORIGINAL SIGNED BY EDDIE SEAY  
 TITLE OIL & GAS INSPECTOR

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 a well to be allowable on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for change of ownership, name of number, or transporter other than the one shown on this form.