

NO. OF COPIES DELIVERED	
REGISTRATION	
SALT A FE	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-100
Supersedes OIL O-100 and O-101
Effective 1-1-65

Address **M^cCasland Disposal System**
P.O. Box 98 Eunice, NM 88231

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of Oil Dry Gas **Request to sell 360,000 bbls of oil**
 Recombination Oil Condensate **Accumulated at Salt Water Disposal**
 Change in Ownership Cratinghead Gas **System**

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

DESCRIPTION OF WELL AND LEASE

Lease Name Atha	Well No. #1	Pool Name, including Formation Jalmit Yates 7 Rivas Queen	Kind of Lease State, Federal or Fee Federal
Unit Letter M ; 660 Feet From The West Line and 660 Feet From The South		Line of Section 31 Township 21S Range 36E , NMPM, Lea County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P.O. Box 3119 Midland TX 79701
Name of Authorized Transporter of Cratinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

Does well produce oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
---	------	------	------	------	----------------------------	------

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Resv. Enh. Rec.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.				
Deviations (DF, RKB, RT, CR, 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

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost oil and must be equal to or exceed top all. able for this depth or be for full 24 hours)

OIL WELL

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/MCF	Gravity of Condensate
Sealing Method (pilot, back pr.)	Tubing Pressure (Inlet-In)	Casing Pressure (Inlet-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.

M^cCasland Disposal System
P.O. Box 98, Eunice, NM 88231

Bob Patterson
(Signature)

Partner
(Title)

12-27-83
(Date)

OIL CONSERVATION COMMISSION
DEC 27 1983

APPROVED _____, 19____

BY **JERRY SEXTON**
DISTRICT I SUPERVISOR

TITLE _____

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 tubulation of the deviate logs taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allowable as new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.