

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

AND  
**APPLICATION FOR PERMIT TO TRANSPORT OIL AND NATURAL GAS**

Effective 1-1-65

Operator  
**Armer Oil Company**

Address  
**2110 Continental National Bank Bldg., Fort Worth, Texas 76102**

Reason(s) for filing (Check proper box)

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

Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE RELEASED AFTER 5/12/74 UNLESS AN EXCEPTION TO B-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Keohane</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No. <b>--</b>
Location				
Unit Letter <b>I</b>	<b>2310</b>	Feet From The <b>South</b>	Line and <b>990</b>	Feet From The <b>East</b>
Line of Section <b>26</b>	Township <b>22S</b>	Range <b>37E</b>	NMPM, <b>Lea</b>	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"/> <b>Navajo Crude Oil Purchasing Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 175, Artesia, New Mexico 88210</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>--</b>	Address (Give address to which approved copy of this form is to be sent) <b>--</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>26</b>	Twp. <b>22S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>No</b>	When <b>--</b>

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 <b>12/21/73</b>	Date Compl. Ready to Prod. <b>2/3/74</b>	Total Depth <b>6550' RKB</b>	P.B.T.D. <b>6532' RKB</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3311.8' GR 3322.3 RKB</b>	Name of Producing Formation <b>Drinkard</b>	Top Oil/Gas Pay <b>6428' RKB</b>	Tubing Depth <b>6463' RKB</b>					
Perforations <b>6428-40' RKB w/13 - 0/37" holes</b>	Depth Casing Shoe <b>6549' RKB</b>							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
<b>11"</b>	<b>8-5/8" OD</b>	<b>1170' RKB</b>			<b>450 SXS.</b>			
<b>7-7/8"</b>	<b>5-1/2" OD</b>	<b>6549' RKB</b>			<b>250 SXS.</b>			
	<b>2-3/8" OD</b>	<b>6463' RKB</b>						

**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 <b>3/2/74</b>	Date of Test <b>3/6/74</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>20 psi</b>	Casing Pressure <b>20 psi</b>	Choke Size <b>2"</b>
Actual Prod. During Test <b>24 BF</b>	Oil - Bbls. <b>23</b>	Water - Bbls. <b>1</b>	Gas - MCF <b>50</b>

**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**

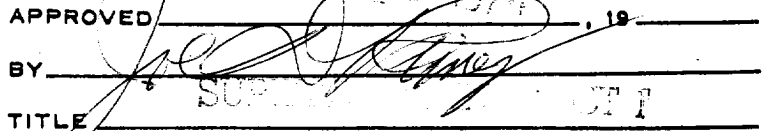
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



**Production Manager**  
(Title)

**3/15/74**  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 1974  
 BY   
 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.