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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-110
 Effective 1-1-65

RECEIVED

SEP 17 1970

O. C. C.
 ARTERIA, OFFICE

Operator
MERCURY PRODUCTION COMPANY ✓

Address
809 Ft. Worth Nat'l Bank Bldg., Fort Worth, Texas

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of: Oil Dry Gas
 Incompletion Casinghead Gas Condensate
 Change in Ownership Other (Please explain) *from McWood*

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Chaves "P" State	Lease No. 562099	Well No. 2	Pool Name Brown-Queen-Grayburn	Kind of Lease State, Federal or Fee State
Location Unit Letter H	1650	Feet From The N	Line 990	Feet From The E
Line of Section 26	Township 10S	Range 26E	NMPM Chaves	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 H	Sec. 26
Twp. 10S	Rge. 26E
Is gas actually connected? No	When

IV. COMPLETION DATA

Designate Type of Completion - (X) <input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Resrv.	<input type="checkbox"/> Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Oil/Gas Day	Tubing Depth				
Perforations	Depth Casing Shoe						
HOLE SIZE		TUBING, CASING, AND CEMENTING RECORD		DEPTH SET		SACKS CEMENT	
CASING & TUBING SIZE							

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

Frank Darden
 Frank Darden (Signature)
 Agent (Title)

September 15, 1970 (Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 17 1970, 19

BY *W.A. Gressitt*

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 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.