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TRANSPORTER OIL	1
TRANSPORTER GAS	1
OPERATOR	2
PRORATION OFFICE	1

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

MAIN OFFICE '65 AUG 2 PM

RECEIVED
AUG 25 1965
O. C. C.
ARTESIA, OFFICE

I. Operator
Odessa Natural Gasoline Co.

Address
P. O. Box 3908 - Odessa, Texas

Reason(s) for filing (Check proper box)
New Well X
Recompletion
Change in Ownership

Change in Transporter of:
Oil
Dry Gas
Casinghead Gas
Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: J. C. Williamson Standard Federal
Well No.: 1
Pool Name, Including Formation: Indian Basin - Upper Penn Gas Pool, Cisco-Canyon
Kind of Lease: State, Federal or Fee

Location
Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East
Line of Section 19 , Township 21 South Range 23 East , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X: Permian Corporation
Address (Give address to which approved copy of this form is to be sent): Midland, Texas

Name of Authorized Transporter of Casinghead Gas or Dry Gas X: Southern Union Gas Co.
Address (Give address to which approved copy of this form is to be sent): Carlsbad, New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	19	21S	23E	No	1st of Sept., 1965

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 Res'v.	Diff. Res'v.
		x	x				x	

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-17-61	12-18-61	9310	7515

Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Indian Basin Upper Penn. Gas	Cisco-Canyon	7060	7212

Perforations	Depth Casing Shoe
	9310

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	30	50
12 3/4	9 5/8	1720	300
8 3/4	7	6899	75
6 3/4	4 1/2 Liner	6645 - 7515	110

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

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 2-16, 17-62

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
6,771	36 hrs	2.2 BBL.	52.0
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pr. Multi-Point	770	2284	Orifice 2.250

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.

Dale E. Lockett
(Signature)

Production Superintendent
(Title)

August 21, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 25 1965, 19

BY M L Armstrong

TITLE OIL AND 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 allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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