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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

AUG 17 11 52 AM '67

I. OPERATOR
Major, Giebel & Forster
 Address
Box 953, Midland, Texas

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

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner
Major & Giebel Oils, Box 953, Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Nine Ranch, Inc. State** Well No. **1** Pool Name, including Formation **Inbe Permo-Pennsylvanian R-3402 Middle Lane Permo Penn** Kind of Lease **State**
 State, Federal or Fee **State**

Location
 Unit Letter **C** **660** Feet From The **N** Line and **2130** Feet From The **W**
 Line of Section **22**, Township **10S** Range **33E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Pan American Petroleum Corp. Address (Give address to which approved copy of this form is to be sent)
Box 1725, Midland, Texas

Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Pet. Co. Address (Give address to which approved copy of this form is to be sent)
424 Bank of SW, Midland, Texas

If well produces oil or liquids, give location of tanks. Unit **C** Sec. **22** Twp. **10S** Rge. **33E** Is gas actually connected? **no** When **within 30 days**

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Pool	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

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)

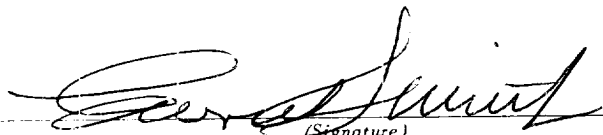
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.


 Agent
 8/16/67
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19
 BY _____
 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 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 completed wells.