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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PERFORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
ANDForm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUL 27 11 38 AM '68

I.

Operator H. C. Hood	
Address 522 Bank of the Southwest, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name T. P. State	Well No. 1	Pool Name, including Formation Inbe Penn.	Kind of Lease State, Federal or Fee State	Lease No. K-5442
Location Inbe Permian-Pennsylvanian R-3662				
Unit Letter D ; 766 Feet From The North Line and 766 Feet From The West				
Line of Section 25 Township 10S Range 33E , NMPM, Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Pan American Petroleum Trucks	P. O. Box 1725, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Corporation	P. O. Box 1589, Tulsa, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 25
	Twp. 10S	Rge. 33E
	Is gas actually connected? No	
	When Unknown	

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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-13-68	Date Compl. Ready to Prod. 6-23-68	Total Depth 9960'	P.B.T.D. 9915'					
Elevations (DF, RKB, RT, GR, etc.) 4208' GR (Est.)	Name of Producing Formation Permian Penn.	Top Oil/Gas Pay 9872'	Tubing Depth 9891'					
Perforations 9878, 9884, 9888 - 2 shots per foot			Depth Casing Shoe 9960'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	12 3/4"		350'		400			
11"	8 5/8"		3950'		250			
7 7/8"	4 1/2"		9960'		400			
	2 3/8"		9891'					

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 6-23-68	Date of Test 6-24-68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 150#	Casing Pressure Pkr.	Choke Size 32/64"
Actual Prod. During Test 488 Bbls. Fluid	Oil - Bbls. 293	Water - Bbls. 195	Gas - MCF 352

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.

Agent

(Title)

July 1, 1968

(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 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.