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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

I. Operator **Sam Boren**

Address **Box 953, Midland, Texas**

Reason(s) for filing (Check proper box)

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name County "A" State	Well No. 1	Pool Name, Including Formation Bagley U. Penn	Kind of Lease State, Federal or Fee State	Lease No. K3774
Location				
Unit Letter L	660	Feet From The West Line and 1980	Feet From The South	
Line of Section 5	Township 12S	Range 33E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
The Permian Corp.	Box 3119, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas	Box 1492, El Paso, Texas			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 5	Twp. 12S	Rge. 33E
			Is gas actually connected? Yes	When 9-2-69

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					
Date Spudded 12-31-68	Date Compl. Ready to Prod. 3-31-69		Total Depth 10,299		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 4292 GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 8485		Tubing Depth 8807			
Perforations					Depth Casing Shoe 10,299'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4"	11 3/4"		0 - 418		385			
9 7/8"	8 5/8"		0 - 3895		450			
7 7/8"	4 1/2"		0 - 10299		600			
	2 3/8"		0 - 8807					

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)

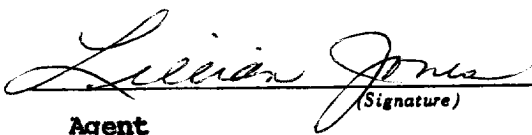
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 6810	Length of Test 4 hrs	Bbls. Condensate/MMCF 54	Gravity of Condensate 61
Testing Method (pitot, back pr.) Flowing	Tubing Pressure (shut-in) Packer	Casing Pressure (shut-in) 2070	Choke Size 26/64

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.

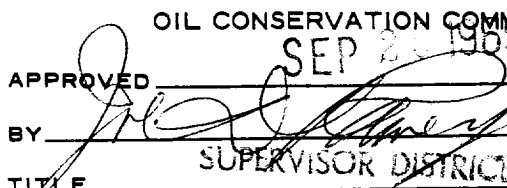
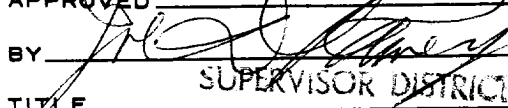

Agent

9-24-69

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19
BY 
TITLE **SUPERVISOR DISTRICT**

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.