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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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

Operator John L. Cox	
Address 408 West Wall, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE		49.27
Lease Name Federal	Well No. 1	Pool Name, Including Formation Und. No. Bagley L. Penn
Kind of Lease State, Federal or Fee Federal		Lease No. KGS-6865
Location		
Unit Letter K	963	Feet From The North Line and 1980 Feet From The West
Line of Section 3	Township 11S	Range 33E, NMPM, Lea County

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)		
The Permian Corporation (Trks.)	P. O. Box 3119, 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 K	Sec. 3	Twp. 11S
		Rge. 33E	Is gas actually connected? no

If this production is commingled with that from any other lease or pool, give commingling order number: _____

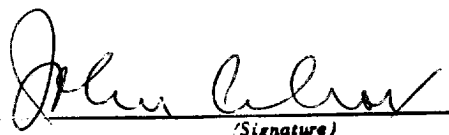
COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>
	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>
	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>	
Date Spudded 8-20-69	Date Compl. Ready to Prod. 11-4-69	Total Depth 10,300'	P.B.T.D. --
Elevations (DF, RKB, RT, GR, etc.) 4273' GR	Name of Producing Formation L. Penn	Top Oil/Gas Pay 10,200'	Tubing Depth --
Perforations 10,202-218'	Depth Casing Shoe 10,300'		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	12-3/4	381'	400
11	8-5/8	3765'	400
7-7/8	4-1/2	10,300'	550

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 11-4-69	Date of Test 11-3-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil-Bbls. 367	Water-Bbls. 860	Gas-MCF 316

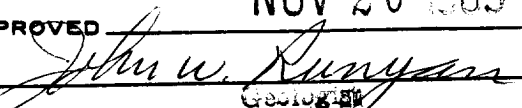
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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.


(Signature)
Owner
(Title)
November 18, 1969
(Date)

OIL CONSERVATION COMMISSION
NOV 20 1969

APPROVED _____, 19____
BY 
Geologist
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.