Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

E. gy, Minerals and Natural Resources Departme.

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Biazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>.                                    </u>		TO TRA	ANSP(	ort oil	L AND NATURAL GAS			
Operator	+					1	(FI No.	
Purvis Oil Corp.						025-23528		
Address								
P. O. Box 11006, M	idland,	Tx 79	702					
Reason(s) for Filing (Check proper box)					Other (l'lease explain)			
lew Well	-	Change in			and you got I	- ! 1	خ ممارس می شارد	in tate
ecompletion []	Oil		Dry Ga		The second secon	<b>-</b> ··	- 5	-
hange in Operator	Casinghea	id Gan 🈾	Conden	Rate [ ]				
change of operator give name				•				
id address of previous operator								
. DESCRIPTION OF WELL	AND LEA	ASE						
ease Name		Well No.	Pool Na	me, Includ	ing Formation		Lease	Lease No.
State ''15''		1	Souti	heast 1	Lane - Abo	State 1	Federal or Fee	V-2470
ocation						L <u></u> -		
Unit Letter F	. 198	30	East Em	The	West Line and 1980	r.,	A Emany The	North Lin
Om Lener	•		recern	WILLING .	Line and	1'66	t from the	Lar Lar
Section 15 Townsh	in 10-5	3	Range	34-E	, NMPM, LA	ea		County
	Y							
. DESIGNATION OF TRAI	NSPORTE	R OF O	II. ANI	) NATH	RAL GAS			
nne of Authorized Transporter of Oil	-	or Conder		:	Address (Give address to which	approved	copy of this form	is to be sent)
Amoco Pipeline ICT	[X]		l	L J	•			
					502 Northwest Ave., Levelland, Tx 79336			
Name of Authorized Transporter of Casinghead Gas $\{X\}$ or Dry Gas $\{\bot\}$ Warren Petroleum Co.					Address (Give address so which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Ok 74102			
and the control of th					Is gas actually connected? When? Yes 10/31/92			
ve location of tanks.	F	15	10	34	Yes	1 ******	10/31/92	
this production is commingled with that	. 1 . 7		nool eine	l	ling order number			
'. COMPLETION DATA	read any tan	or reame Uf	Jana, Kias	. comming	Re-entry			
		Oil Well	1 7			<del></del> -γ		
Designate Type of Completion	- (X)	I X	10	as Well	New Well Workover X	Deepen 1	Plug Back San	ie Res'v Diff Res's
te Spudded			l			اا		2   1   2
Spudded   Date Compl. Ready to Frod.   9/25/92					Re-entry TD 9,300'   P.B.T.D.   9,138'			
evations (DF, RKR, RT, GR, etc.)					Top Oil/Gas Pay	U		38
1193 GR	Name of 1's		errianio <b>n</b>		9014'		Tubing Depth 8,82	28'
lorations	1				7014		Depth Casing Sh	
	0.1011	^ +-+ ·	1 \			. 1	•	
9014 - 9029' w/2 SPF					A TELEPHONE IN THE CONTRACT OF	المنهرا	9,15	
1164 5 6175					CEMENTING RECORD			12 121
17-1/2"	13-3	SING & TH.	TRING 2	IZE	DEPTHSET			KS CEMENT
11"	8-5				375'		37	
7-7/8''	5-1				4095'			en e
1-1/0	1 3-1/			<del>-</del>	9157		10	<u> </u>
TEST KITI IN BEXUE	EFFER I	11730	inie:		1	l		
TEST DATA AND REQUE								
			of toad oi	l and must	be equal to or exceed top allowal			Il 24 hows.)
le Fird New Oil Run To Tank Date of Ted					Producing Method (How, pump, gas lyt, etc.)			
9-15-92	9-24		- · · - · - · - · - · - · - ·		Flow	····		
ngth of Test	Tubing Pres				Casing Pressure	\ 1	Choke Size	
24 Hours	220#	7			Pkr		16/64''	
tual Prod. During Test	Oil - Bbls.			****	Water - Bbls.	7	Gas- MCF	
	201				0		135	
AS WELL								· · ·
tual Frod. Lest - MCF/D	Length of T	est			Bbls. Condensate/MMCF		Gravity of Conde	nette
							Starting of Control	
ting Method (pitot, back pr.)	Tubing Pres	SRIFE (Chia	in i		Casing Pressure (Shut in)		Choke Size	
The common of man control in 1	- and the	ans (min	,		- south trostic (and in)	l	VARIAC DIVE	
Anna III								
. OPERATOR CERTIFIC	ATE OF	COMP	LIANG	CE			TIONED	(10101)
hereby certify that the rules and regul					OIL CONS	CHVA	HON DIV	/ISION
Division have been complied with and			n above					
is true and complete to the best of my l		a belief.			Date Approved .		JAN I	1000
()7///	<				Date ripproved .			
J. HILAN	27				D	saldia BM	TERRY SERVICE	724
Signature  J. H. Purvis  President					ByORIGINAL MENES BY JETRY SEXTON BYORIGINAL MENES BY JETRY SEXTON			
Frinted Name					l l		- 遺跡 東リオーノジャ	
$\frac{1/04/92}{1/04/92} \qquad 9$	15/682-7	7346	Title		Title			-
Date			phone No					
		1 5 15	parate (M)	.	l I			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.