NO. OF COPIES REC	EIVED		
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TRANSPORTER	OIL		
	GAS		
OPERATOR			

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE CASINGHEAD GAS MUST NOT BE Operator FLARED AFFER <u>\$110.172.</u> Coastal States Gas Producing Company UNLESS AN DECEPTION TO R-4070 IS OBLANCED P.O. Box 235, Midland, Reason(s) for filing (Check proper box) Texas Other (Please explain)
The Permian Corporation purchased oil New Well Change in Transporter of: through June 22, 1972 X Recompletion 011 Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Kind of Lease 1 egse No. State, Federal or Fee Fee T. Hutcherson Vada Penn W. ; 660 Feet From The North Line and 1980 Feet From The East Unit Letter Range 34-E Township 9-S , NMPM, Lea Line of Section 8 County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil 🛣 or Condensate Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, Texas 79701

Address (Give address to which approved copy of this form is to be sent) The Permian Corporation Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas ____ Twp. P.ge. Is gas actually connected? When Sec. If well produces oil or liquids, give location of tanks. 9-S 34-E В 8 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Workover Oil Well Gas Well New Well Deepen Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion = (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 6-14-72 9,7031 5-7-72 -0-Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Tubing Depth Name of Producing Formation 4288.6 GR 9,674 9,614 Depth Casing Shoe Perforations (7/1 001

CASING & TUBING SIZE 13-3/8" 8-5/8"	382 1	SACKS CEMENT 350 SXS
	382 '	350 sxs
0 5/011		
0-2/o"	4,015'	300 sxs
5-1/2"	9,703'	200 sxs
able for this c	lepth or be for full 24 hours)	
Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-21-72	Pump	
Tubing Pressure	Casing Pressure	Choke Size
	5-1/2" FOR ALLOWABLE (Test must be able for this compared to the compared to	FOR ALLOWABLE (Test must be after recovery of total volume of loa able for this depth or be for full 24 hours) Date of Test Producing Method (Flow, pump, seeding 19.703 Producing Method (Flow, pump, seeding 19.703 Pump

24 hrs.
Actual Prod. During Test -0-011-Bbls. -()-Gas - MCF Water - Bbls. 236 294 570 864 GAS WET I

UAS HELL				
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.

Je Stowens
(Signature)
Division Production Manager
(Title)

OIL CONSERVATION COMMISSION

APPROVED 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 allow-

RECEIVED

JUNISE 1972 OIL CONSERVATION COMM. HOBES, N. IA.