

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
DISTRIBUTION		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
SANTA FE		AND		Effective 1-1-65	
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
Operator					
Morris R. Antweil					
Address					
Box 2010, Hobbs, New Mexico 88240					
Reason(s) for filing (Check proper box)					
New Well		Change in Transporter of:		Other (Please explain)	
Recompletion		Oil		Request 1,000 Bbl. test	
Change in Ownership		Casinghead Gas		Allowables from Miss. perfs	
				11,112.5-11,190.5 (20 holes)	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, Including Formation	
Lucky Larry		1		No. Caprock-Miss.	
Location		Kind of Lease		Lease No.	
Unit Letter		State, Federal or Fee		State	
0		State		L-3766	
660		Feet From The		South	
Line and		1980		Feet From The	
East		Line of Section		5	
Township		12-S		Range	
32E		NMPM,		Lea	
County					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil		or Condensate		Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation		Box 1183, Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
0		5		12-S	
Rge.		32E		Is gas actually connected?	
No				When	
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		Gas Well	
New Well		Workover		Deeper	
Plug Back		Same Res'v.		Diff. Res'v.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
Tubing Depth					
Perforations		Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
SACKS CEMENT					
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		Length of Test		Bbls. Condensate/MMCF	
Gravity of Condensate		Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)	
Casing Pressure (Shut-in)		Choke Size			
CERTIFICATE OF COMPLIANCE					
OIL CONSERVATION COMMISSION					
APPROVED JUN 26 1980, 19					
BY Orig. Signed by					
Jerry Sexton					
TITLE Dist. 1, Supv.					
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.					
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					
June 25, 1980					