

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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

Operator John L. Cox	
Address Box 2217, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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		Lerna-Marrow Gas R-6623 (4-1-81)	
Lease Name Proctor	Well No. 1	Pool Name, including Formation Wildcat	Kind of Lease State, Federal or Fee Fee
Location		Lease No.	
Unit Letter D 660 Feet From The North Line and 660 Feet From The West			
Line of Section 7 Township 11-S Range 32-E, NMPM, Lea County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Box 1183, Houston, Texas 77001		
The Permian Corporation			
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)		
None designated			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 7	Twp. 11-S
			Rge. 32-E
			Is gas actually connected? No
			When Unknown

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

IV. COMPLETION DATA		Oil Well		Gas Well		New Well		Workover		Deepen.		Plug Back		Same Res'v.		Diff. Res'v.	
Designate Type of Completion - (X)		X		X		X											
Date Spudded 9-24-80		Date Compl. Ready to Prod. 12-20-80		Total Depth 11,820'		P.B.T.D. 11,400'											
Elevations (DF, RKB, RT, GR, etc.) 4472.6' GR		Name of Producing Formation Narrow		Top Oil/Gas Pay 11,907'		Tubing Depth 10,029'											
Perforations 10,907-10,919'						Depth Casing Shoe 11,108'											

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	406'	400 SX
11"	8-5/8"	4332'	2350 SX
7-7/8"	5-1/2"	11108'	2500 SX


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		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D 94	Length of Test 4	---		---	
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 4368'	Casing Pressure (shut-in) ---		Choke Size 8/64" - 14/64"	

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.

	
(Signature)	
Production Manager	
(Title)	
1-12-81	
(Date)	

OIL CONSERVATION COMMISSION	
JUL 22 1981	
APPROVED _____, 19__	
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 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.