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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

1005 11/15

I. OPERATOR

Operator: **JOSEPH I. O'NEILL, JR.**

Address: **410 WEST OHIO, MIDLAND, TEXAS**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well: Change in Transporter of:

Recompletion: Oil 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

Lease Name STATE "L" #8	Lease No. E-8825	Well No. 2	Pool Name, including Formation SOUTH PRAIRIE SAN ANDRES	Kind of Lease State, Federal or Fee STATE
Location: Unit Letter N , 1980 Feet From The W Line and 660 Feet From The S				
Line of Section 16 Township 8-S Range 36-E , NMPM, ROOSEVELT County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> THE PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, MIDLAND, TEXAS
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 M Sec. 16 Twp. 8 Rge. 36 Is gas actually connected? No When TSTM

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-26-65	Date Compl. Ready to Prod. 8-24-65	Total Depth 5025	P.B.T.D. 5018					
Elevations (DF, RKB, RT, GR, etc.) 4118'DF	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 4852	Tubing Depth 4954					
Perforations <i>4 1/2" - 5 1/2"</i>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 257	SACKS CEMENT 200 SACKS					
7 7/8"	4 1/2"	5022	240 CU.FT.					

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 8-26-65	Date of Test 9-30-65	Producing Method (Flow, pump, gas lift, etc.) PUMP		
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size NONE	
Actual Prod. During Test 127.36	Oil-Bbls. 6.68	Water-Bbls. 120.68	Gas-MCF TSTM	

GAS WELL

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

Roy J. Blanton
(Signature)
PRODUCTION CLERK
(Title)
10-7-65
(Date)

OIL CONSERVATION COMMISSION

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.