

RECEIVED	
DISTRIBUTION	
NO. & PL.	
DATE	
TIME	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
REGULATOR	
REGISTRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
HUBBS OFFICE D.C.C.
NOV 22 1 37 PM '66
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

PERMIAN AMERICAN PETROLEUM CORPORATION

Box 68, Hobbs, New Mexico

Reasons for filing (Check proper box)

Change of ownership	<input type="checkbox"/>
Change of transporter	<input type="checkbox"/>
Change in ownership	<input type="checkbox"/>

Change in Transporter of:

Oil	<input checked="" type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>

Dry Gas

Condensate

Other (Please explain)

Effective 10-1-66
Formerly: Permian

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name	Wolf General	Well No.	2	Pool Name, including Formation	CHAUEROO San Andres	Kind of Lease	State, Federal or Fee	Lease No.	NM 0164650
Section	B 660	Feet From The	NORTH	Line and	2310	Feet From The	EAST		
Line of Section	19	Township	7-S	Range	34-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"/>	Address (Give address to which approved copy of this form is to be sent)	Box 900, DALLAS, 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 liquid, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	19	7	34	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Deviation (DF, RNS, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
POLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been followed with and that the information given is true and correct to the best of my knowledge and belief.

043-UMCC-14

1-NSW
1-ESP
1-SUSP
1-RRV

(Signature)

(Title)

(Date)

Area Supt
9-30-66

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