NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE CE 0. C. E. FILE AND AUTHORIZATION TO TRANSPORT OIL AND NAT U.S.G.S. LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE FRANKLIN, ASTON & FAIR, INC. P. O. Box 1090, Roswell, New Mexico 88201
Reason(s) for filing (Check proper box) Other (Please explain) X Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ 1 II. DESCRIPTION OF WELL AND LEASE King & Ledsend Todd Lower San Andres Val State 2 State, Federal or Fee 06-1617 Location 660 Feet From The North Line and 1980 Unit Letter Feet From The Line of Section 30 Township 75 Range 36E , NMPM, Roosevelt County III. 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 The Permien Corporation

Name of Authorized Transporter of Casinghead Gas P. O. Box 3119, Midland, Toxas

Address (Give address to which approved copy of this form is to be sent) or Dry Gas Vented Sec. Unit T_{Twp}. Rge. Is gas actually connected? When If well produces oil or liquids, give location of tanks. 30 75 36E No 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 Same Res'v. Diff. Res'v Designate Type of Completion - (X) X X Date Compl. Ready to Prod. Total Depth Date Spudded P.B.T.D. 1-29-67 levations (DF, RKB, RT, GR, etc.) 42941 2**-9-6**7 Name of Producing Formation Tubing Depth Top Oil/Gas Pay 42381 41651 4152.2' GR. 4162' KB Lower Sen Andres Depth Casing Shoe 42931 <u>4238', 4241', 4244', 4247', 4251', 4255', 4258', 4263', 4265'</u> TUBING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT HOLE SIZE CASING & TUBING SIZE 12 1/4 8 5/8" 2901 150 sx circ. to surf. 4293 1 250 sx 7 7/8" 1/2" 41651 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test Flowing 2-10-67 -9-67 Choke Size Length of Test Tubing Pressure 20/64" 470# Packer 4 hours Water - Bhis Ggs - MCF Actual Prod. During Test Oil - Bbls O 109.13 MCF - BOR 873:1 1 25

GAS WELL					
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.

but M Smith
(Signature)
<u>Seologist</u>
(Title)
February 10 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED		, 19		
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This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep 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.