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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-101 and C-110
Effective 1-1-65

Operator <i>Permian Oil Company</i>	
Address <i>Box 1031 Midland, Texas</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	THIS WELL HAS BEEN PLUGGED IN O.C. POOL DESIGNATED BY A.C. TO NOT CONDUCE NORMALLY THIS OIL.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>	Dry 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

Lease Name <i>Permian (Federal)</i>	Well No. <i>1</i>	Pool Name, including Formation <i>Undesignated</i>	Kind of Lease State, Federal or Fee <i>Federal</i>	Lease No. <i>USA NM C104033-A</i>
Location Unit Letter <i>C</i> : <i>660</i> Feet From The <i>North</i> Line and <i>1980</i> Feet From The <i>West</i> Line of Section <i>20</i> Township <i>8-S</i> Range <i>38-E</i> , NMPM, <i>Brewster</i> 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"/> <i>Permian Corp</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 3119 Midland, Texas</i>					
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 <i>C</i>	Sec. <i>20</i>	Twp. <i>8-S</i>	Rge. <i>38-E</i>	Is gas actually connected? <i>No</i>	When <i>never future</i>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded <i>4-17-70</i>	Date Compl. Ready to Prod. <i>5-11-70</i>		Total Depth <i>4950'</i>		P.B.T.D. <i>4812'</i>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <i>Sand Andrew</i>		Top Oil/Gas Pay <i>4757'</i>		Tubing Depth <i>4300'</i>			
Perforations <i>12.5S 1/2" @ 4752' 59', 61', 63', 65', 67', 69', 71', 73', 75', 77', 79'</i>	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <i>12 1/4"</i> <i>7 7/8"</i>	CASING & TUBING SIZE <i>8 5/8"</i> <i>5 1/2"</i>		DEPTH SET <i>335'</i> <i>4946'</i>		SACKS CEMENT <i>175 bags</i> <i>775 bags</i>			

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 <i>5-11-70</i>	Date of Test <i>5-11-70</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Flow</i>	
Length of Test <i>24</i>	Tubing Pressure	Casing Pressure	Choke Size <i>3 1/4"</i>
Actual Prod. During Test <i>168</i>	Oil - Bbls. <i>152</i>	Water - Bbls. <i>16</i>	Gas - MCF <i>Not measured</i>

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 complied with and that the information given above is true and complete to the best of my knowledge and belief.

W. L. H. Field
(Signature)
Production Manager
(Title)
May 11, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED *MAY 13 1970*, 19

BY *John W. Runyan*
(Signature)

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 changed 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 multiple.

Deviation Survey

Depth	Degree
160'	$\frac{1}{4}$
350'	$\frac{1}{2}$
255'	$\frac{3}{4}$
1387'	$\frac{1}{2}$
1849'	$\frac{3}{4}$
2122'	$\frac{3}{4}$
2500'	$\frac{3}{4}$
2940'	$1\frac{1}{4}$
3500'	1
3866'	$1\frac{1}{2}$
4124'	$\frac{1}{2}$
4312'	$\frac{1}{2}$
4496'	$1\frac{1}{4}$
4760'	$\frac{1}{2}$
4839'	$\frac{3}{4}$
4950'	$\frac{1}{4}$

There is true and correct to the best of my knowledge

W. L. Hatfield

Shown to me this 11th day of May 1920

Eulene G. Seago

Notary Public (indand) (indand)
Midland County, Texas

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MAY 12 1920

OIL COMPANY