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TRANSPORTER	OIL / GAS
OPERATOR	
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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

I.

Operator
P. L. [illegible], JR.

Address
P. O. Box 2237, Midland, Texas 797[illegible]

Reason(s) for filing *(Check proper box)* (Other *please explain*)

New Well	X	Change in Transp[illegible]	
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

R-5215

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal	1	Pluitt(Wolfcamp) Gas	State, Federal or Fee Federal	[illegible]2474

Location
Unit Letter J, 1650 Feet From The east Line and 1[illegible]5 Feet From The south

Line of Section 4 Township 8-S Range 37-E NMPM Roosevelt County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
TransWestern Pipe Line Co.	P. O. Box 1521, Houston, Texas 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	4	8S	37E	Yes	12-5-75

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.
		XX	XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-20-75	8-15-75	[illegible]130	9001

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4054. GL	Wolfcamp	[illegible]618	7994

Perforations	Depth Casing Shoe
8617-8858	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17	13-3/[illegible]	[illegible]40	525 SX
11	8-5/[illegible]	[illegible]775	300 SX
	5-1/[illegible]	[illegible]130	550 SX

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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
1527	24 Hr.	37	54
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pressure	2170	0 psi	11/64

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.

Jack K. Gilliland

Drilling & Production Manager
(Signature)

(Title)

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 allow-