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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

I.

Operator

D. M. Norman

Address

P. O. Box 1585, Midland, Texas 79702

Reason(s) for filing *(Check proper box)*

New Well [XX]   Change in Transporter of:

Recompletion [ ]   Oil [ ]   Dry Gas [ ]

Change in Ownership [ ]   Casinghead Gas [ ]   Condensate [ ]

Other *(Please explain)*

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Weathersby		7	Milnesand San Andres	State, Federal or Fee

Location

Unit Letter __N__ ; __990__ Feet From The __S__ Line and __2310__ Feet From The __W__

Line of Section __24__ Township __8S__ Range __34E__ , NMPM, __Roosevelt__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Mobil Oil Corporation	P. O. Box 900, Dallas, Texas 75221

Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Warren Petroleum Corporation	Tulsa, Oklahoma 74102

If well produces oil or liquids, give location of tanks.	Unit A	Sec. 24	Twp. 8S	Rge. 34E	Is gas actually connected? yes	When 2-15-80

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-28-79	2-3-80	4739	

Elevations *(DF, RKB, RT, GR, etc.,)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4232	San Andres	4644	4545
			Depth Casing Shoe

Perforations

4653, 4655, 5657, 4658, 4659, 4661, 4663, 4665

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 3/4	8 5/8	2240	800
7 7/8	4 1/2	4739	250

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)

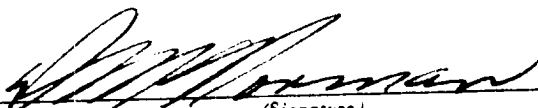**OIL WELL**

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
2-17-80	2-18-80	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
11	4	7	5
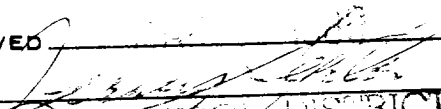
GAS WELL

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.

(Signature)

D. M. Norman, Operator
(Title)

2-25-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____ SUPERVISOR DISTRICT

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