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FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OPERATOR

PRORATION OFFICE

OIL

GAS

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 1-1-55

Aug 11 1967

Operator

Address

Reason(s) for filing (Check proper box)

Other (Please explain)

413 First National Bank Bldg., Midland, Texas 79701

Changed from The Permian Corporation effective August 11, 1967.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

County

Well Name, Including Information

Kind of Lease

Cato-State

3 Cato-San Andres

State, Federal or New State

Location

Foot Section

Feet From The

Line and

Feet From The

0 660

South

1980

East

Range

Township

Range

Section

County

2

8S

30E

CHAVES

Chaves

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)

Mobil Pipe Line

P.O. Box 900, Dallas, Texas 75221

Name of Authorized Transporter of Gas

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

None

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Exp.

Range

Is gas actually collected?

Other

K

2

8S

30E

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

Work over

Deepen

Plug back

Shut-in

Drill hole

Date Spudded

Date Compl. Ready to Prod.

Total Depth

Perforations

Name of Producing Formation

Top of Gas Layer

Bottom Depth

Depth, Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE 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 Flow During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

GAS WELL

Actual Flow, Test-MCF/D

Length of Test

Bbls. Condensate MCF/D

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.

APPROVED

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 Sections I, II, III, and VI only 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

R. Ken Williams

President

August 10, 1967