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TRANSPORTER OIL		
TRANSPORTER 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-1
Effective 1-1-65

I. Operator
MORANCO

Address
P. O. Box 1860, Hobbs, New Mexico 88240

Reason(s) for filing *(Check proper box)*
New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*
CASINGHEAD GAS MUST NOT BE [illegible] 2/1/79
UNLESS AN EXCEPTION TO C-4070 IS OBTAINED.

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

II. DESCRIPTION OF WELL AND LEASE R-5911

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Western Reserves 32 State	1	Tom-Tom	State, Federal or Fee State	L-5119

Location
Unit Letter P : 853 Feet From The South Line and 330 Feet From The East

Line of Section 32 Township 7S Range 31E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
The Permian Corp.	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)*

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	32	7S	31E	--	--

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 Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11/14/78	11/29/78	4006'	3964'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4273' RKB	San Andres	3784'	3590'
Perforations			**Depth Casing Shoe**
3786-89, 3796-3800, 3811-13, 3816-19, 3838-42, 3850-59			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1410'	700'
7 7/8	4 1/2	4004'	300'
4 1/2 csg	238	3590'	

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.)*	
11/29/78	11/29/78	Flow	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 ~~32~~ hrs	50 psi	0	1/4
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
~~58~~ 116	~~58~~ 116	0	TSTM

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.

Joe T Janica
(Signature)
Joe T. Janica
Agent
(Title)
December 5, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC - 8 1978, 19 ____

BY Leroy Lester

TITLE SUPERVISOR DISTRICT 1

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 operator, well name or number, or transporter, or other such change of condition.