DISTRIBUTION		
NTA FE		
E		
S.G.S.		
ND OFFICE		
RANSPORTER OIL		
RANSPORTER GAS		
PERATOR		
RATION 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-11
Effective 1-1-65

rator
C. E. LaRue and B. N. Muncy, Jr.

ress
P. O. Box 470, Artesia, New Mexico 88210

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

- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other *(Please explain)*: CASINGHEAD GAS MUST NOT BE FLARED AFTER 9/1/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

hange of ownership give name
address of previous owner

SCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
GULF KIMMONS	2	Siete San Andres R7667	State, Federal or Fee Fee	

cation

Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East

Line of Section 19 Township 8-S Range 31-E , NMPM, Chaves County

SIGNATION 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 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)*

well produces oil or liquids, e location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	19	8S	31E	No	

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

MPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
	X		X					

e Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4/8/84	6/29/84	3875'	3875'
vations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4186' GL	San Andres	3400'	3390'
forations			Depth Casing Shoe
3400' - 3440'			3875'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1216'	450 sacks circulated
7 7/8"	4 1/2"	3875'	250 sacks

ST 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)*
WELL

e First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
6/29/84	7/1/84	Pump	
gth of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	-0-	-0-	2"
ual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	8	20	TSTM

S WELL

ual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ting Method *(pitot, back pr.)*	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

TIFICATE OF COMPLIANCE

eby certify that the rules and regulations of the Oil Conservation mission have been complied with and that the information given e is true and complete to the best of my knowledge and belief.

(Signature)

Operator
(Title)

July 11, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 29 1984, 19

BY Eddie W. Seay

TITLE Oil & Gas Inspector

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