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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

Operator RK Petroleum Corporation	
Address P. O. Box 192, Mt. Carmel, Illinois, 62863	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 1	Pool Name, including Formation Mam-Morrow Gas R-3964 Wildcat (Morrow Sand)	Kind of Lease State, Federal or Fee State	Lease No. K5528
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East				
Line of Section 27 Township 13S Range 32E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P. O. Box 3119, Midland, Tex., 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corporation	P. O. Box 67, Monument, N.M., 38265					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 27	Twp. 13S	Rge. 32E	Is gas actually connected? No.	When 11-10-69

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.
		X	X					
Date Spudded 7-26-69	Date Compl. Ready to Prod. 9-24-69	Total Depth 12,510		P.B.T.D. 11,057				
Elevations (DF, RKB, RT, GR, etc.) 4317 GL, 4330KB	Name of Producing Formation Morrow Sand	Top Oil/Gas Pay 10,570 (Gas)		Tubing Depth 10,571				
Perforations 10,593-99; 10,729-35; 11,039-47.				Depth Casing Shoe 11,110				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2	13-3/8"	326		315 sax.				
11	8-5/8"	4030		315 sax.				
7-7/8"	5 1/2	11110		700 sax.				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

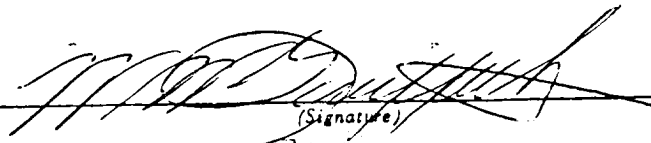
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

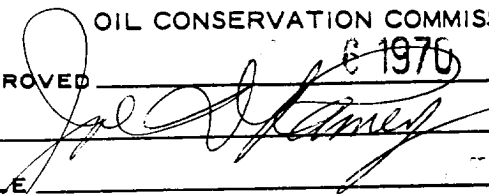
GAS WELL

Actual Prod. Test-MCF/D 1,783	Length of Test 5 1/2 hrs.	Bbls. Condensate/MMCF 271	Gravity of Condensate 51°
Testing Method (pitot, back pr.) Back pressure.	Tubing Pressure (Shut-in) 1602#	Casing Pressure (Shut-in) Packer	Choke Size 20/64"

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.


(Signature)
Engineer
(Title)
10-23-69
(Date)

OIL CONSERVATION COMMISSION
APPROVED  1976, 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 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 completed wells.