

P. O. BOX 2084

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Oil-Mc Oil Corporation

Address

c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

To cover estimated 159 bbls oil to be recovered in March from SWD System.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
New Mexico "85"	1	Tres Papalotes	State, Federal or Fee State	LG-1012
Location				
Unit Letter	J	1830 Feet From The	South	Line and 1980 Feet From The East
Line of Section	34 28	Township	14 S	Range 34 E, NMPM, Lea County

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)					
The Permian Corporation	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.	Range.	Is gas actually connected?	When
	J	28	14S	34E	No	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Seal Repair	Other
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.A.T.D.			
Elevations (DR, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Casing Depth			
Perforations					Depth of Gas Pay			

LOGGING, Casing, and Cementing Record

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	BACKSIGHT

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 Ran 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-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ORIG. SIGNED BY: DONNA HOLLER

(Signature)

Agent

(Title)

3/7/80

(Date)

OIL CONSERVATION DIVISION

APPROVED MAH 10 1980, 19BY Orig. Signed by
John RunyanTITLE Geologist

This form is to be filed in compliance with RULE 1101.

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 multiple completed wells.