ſ	NO. OF COPIES RECEIVED	` _	.	*			
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ļ	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104					
	SANTA FE '	REQUEST FOR ALLOWABLE AND HUBBS THE FICE O. C. C. Supersedes Old C-104 and C-110					
- 1	FILE						
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE	•	JUL b 1 38 In o	U			
	TRANSPORTER GAS						
ſ	OPERATOR			•			
,	PRORATION OFFICE		·				
•	Operator TENNELO OIL	COMPANY					
	TENNELO OIL COMPANY Address BOX 1031 MIDLAND, TEXAS Reason(s) for filing (Check proper box) Other (Please explain)						
1	Reason(s) for filing (Check proper box)		Other (Please explain)				
j	New Well	Change in Transporter of:		•			
l	Recompletion	Oil Dry Gas	· <u>L</u>	•			
	Change in Ownership	Casinghead Gas Condens	sate EFFECTIVE JU	14 1, 1966			
•	If change of ownership give name and address of previous owner	LEASE		R 71 SAN ANGELO, TEXA			
	Lease Name	-	ne, Including Formation	Kind of Lease			
	VICKERS STATE	E-1388 MALS	AMAR GRAYBURG (SA)	State/-Federal-or-Fee			
	Location						
	Unit Letter M; 330 Feet From The SouTH Line and 330 Feet From The WEST						
	Line of Section 4 Township 175 Range 33E, NMPM, LEA County						
IXT	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	s	,			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)			
	PERMIAN CORP		BOX3119 MIDLAND	TEXAS			
Ì	Name of Authorized Transporter of Cas	inghead Gas Or Dry Gas	BOX 3119 MIDLAND Address (Give address to which approve	ed copy of this form is to be sent)			
	Name of Authorized Trunsporter of Cas	indicad ado or bry and					
		Unit Sec. Twp. Rge.	Is gas actually connected? When	1			
	If well produces oil or liquids,		No.				
	give location of tanks.	<u></u>					
	If this production is commingled wit	h that from any other lease or pool, i	give commingling order number:				
	COMPLETION DATA	· ·	New Well - Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	Designate Type of Completio	Oil Well Gas Well	New Mell : Molkovel Deabell	Plag Back Same flos W Same flos			
	Designate Type of Completion	1		B B B B			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
			<u> </u>				
	Perforations			Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	THE PARTY AND PROVIDED TO	DD ATTOWARTE /Tank must be a	fer recovery of total volume of load oil o	ind must be equal to or exceed top allow-			
٧.	TEST DATA AND REQUEST FO	EST 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 lif	t, etc.)			
	Data Liter Man On Lant to James						
		Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test	raning Presents					
		all phi	Water - Bble.	Gas-MCF			
	Actual Prod. During Test	Oil-Bbis.	1	3-33.			
		<u> </u>		<u> </u>			
GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
	1	1	į	1			

Casing Pressure

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given

Tubing Pressure

pove is true and complete to	o the best of my	knowledge and belief.
\sim		
	A	A.W. LANG
	(Signature)	UPERINTENDENT
DISTRICT PRO		<u>uperintendent</u>
	(Title)	
July	1, 1966	
	(Date)	

OIL CONSERVATION COMMISSION

Choke Size

APPROVED		×3-	, 19	
	,		- 202 NG 1949	
ВУ	1 4/24444	· JISTRE		
TITI F				

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.