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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-11
Effective 1-1-65

I.

Operator Charles B. Gillespie, Jr.	
Address P.O. Box 8, Midland, Texas 79702	
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 Exxon-Townsend	Lease No.	Well No. 1	Pool Name, Including Formation Midland Townsend, ABO	Kind of Lease State, Federal or Fee FEE
Location				
Unit Letter B	660'	Feet From The North	Line and 1980	Feet From The East
Line of Section 9	Township 16-S	Range 35-E	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 9	Twp. 16S	Rge. 35E	Is gas actually connected? Yes	When 11-23-81

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
	X			X		X		
Date Spudded 8-7-81	Date Compl. Ready to Prod. 9-23-81		Total Depth 10487'		P.B.T.D. 8900'			
Elevations (DF, RKB, RT, CR, etc.) 4030 DF	Name of Producing Formation ABO		Top Oil/Gas Pay 8716'		Tubing Depth 8750'			
Perforations 8716-20, 8720, 8726, 8728, 8732, 8733					Depth Casing Shoe 10487			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		393		450			
12 1/4	9 5/8		4568		1900			
8 3/4	5 1/2		2240-10487		1050			

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 9-25-81	Date of Test 10-10-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 H	Tubing Pressure --	Casing Pressure 30#	Choke Size --
Actual Prod. During Test	Oil-Bbls. 33	Water-Bbls. 106	Gas-MCF 41.2

GAS WELL

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

Charles B. Gillespie, Jr.
(Signature)

Operator
(Title)

1-6-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 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.