

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

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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator
Remuda Oil & Gas Company

Address
150 Mid-America Bldg., Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Re-Entry - New Pay Zone
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
		Dry Gas	<input type="checkbox"/>	FILED AFTER 4/1/73
		Condensate	<input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070
				IS OBTAINED.

If change of ownership give name and address of previous owner **New Lease**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eidson Ranch	Well No. 1	Pool Name, Including Formation Wildcat Townsend-Abo R-4499	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter E ; 1980 Feet From The North Line and 990 Feet From The West				
Line of Section 26 Township 16-S Range 35-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> THE PERMIAN CORP.	Address (Give address to which approved copy of this form is to be sent) HOUSTON, TEXAS			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 E	Sec. 26	Twp. 16-S	Rge. 35-E
	Is gas actually connected?		When	
	NO			

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		Reentry			X		X
Date Spudded 11-25-72	Date Compl. Ready to Prod. 1-10-73		Total Depth 12,780		P.B.T.D. 8,850			
Elevations (DF, RKB, RT, GR, etc.) 3966 Ground	Name of Producing Formation ABO		Top Oil/Gas Pay 8724		Tubing Depth 8,250			
Perforations 8724 - 8738 (15 holes)		8773-8786 (14 holes)		Depth Casing Shoe 12,778				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13 3/8"		328		400 (Circ.)			
12 1/4"	9 5/8"		4920		4920			
7 7/8"	5 1/2"		4572 - 12,780		900			
5" Casing I.D.	2 7/8"		8230					

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 1-11-73	Date of Test 1	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure TSTM	Casing Pressure Atmos.	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 81	Water-Bbls. 70	Gas-MCF 81

GAS WELL

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



Vice - President

2-8-73

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19

BY 

TITLE **SUPERVISOR DISTRICT I**

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.