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

NEW MEXICO OIL CONSERVATION COMMISS  
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 Allen K. Trobaugh (formerly Shell GA State #1)	
Address 106 Wall Towers West, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please Specify)
New Well <input type="checkbox"/>	<b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 9/3/76 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.</b>
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <del>GA</del> State	Well No. 1	Pool Name, including Formation Caudill Devonian	Kind of Lease State, Federal or Fee State	Lease No. L-214
Location Unit Letter F, 1980 Feet From The north Line and 1980 Feet From The west Line of Section 16 Township 15S Range 36E, NMPM, Lea County				

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 Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input 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 F	Sec. 16	Twp. T-15-S	Rge. R-36E	Is gas actually connected? No	When --

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	Same Restv.	Diff. Restv.
					X				
Date Spudded 6/23/76	Date Compl. Ready to Prod. 7/3/76	Total Depth 14,064		P.B.T.D. 13,491					
Elevations (DF, RKB, RT, GR, etc.) 3918 KB	Name of Producing Formation Devonian	Top Oil/Gas Pay 13,366		Tubing Depth 13,284					
Perforations 13,366 - 13,438 - 4hpf		Depth Casing Shoe 14,064							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8		335		400				
11	8 5/8		4738		1750				
7 3/4	5 1/2		14,064		1250				

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)

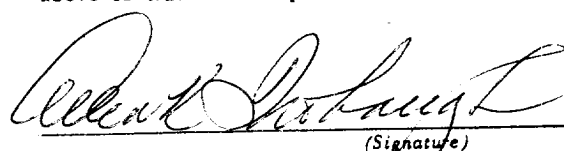
Date First New Oil Run To Tanks 7/3/76	Date of Test 7/5/76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 295	Casing Pressure Pkr	Choke Size 4/64"
Actual Prod. During Test	Oil-Bbls. 266	Water-Bbls. 92	Gas-MCF 67

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 --

1. 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.



Operator

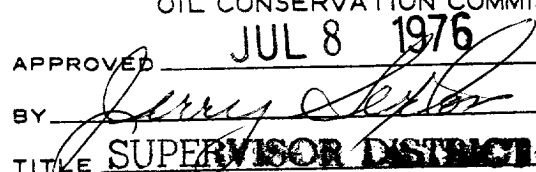
(Signature)

(Title)

7/6/76

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 8 1976  
BY   
TITLE SUPERVISOR DISTRICT 1

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.