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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-1  
Effective 1-1-65

**I. Operator**  
W. A. Moncrief, Jr.

**Address**  
Moncrief Building, Ninth at Commerce, Fort Worth, Texas 76102

**Reason(s) for filing (Check proper box)**  
 New Well ☒ Change in Transporter of:  
 Recompletion ☐ Oil ☐ Dry Gas ☐  
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

**Other (Please explain)**  
**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 8/1/77  
UNLESS AN EXCEPTION TO R-4076  
IS OBTAINED.**

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name State "27"	Well No. 1	Pool Name, Including Formation <del>UNDEVELOPED</del>	Kind of Lease State, Federal or Fee State	Lease No. L 3392
Location Unit Letter <u>L</u> ; 1980 Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>16S</u> Range <u>33E</u> , NMPM, <u>Lea</u> 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 Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Unknown - negotiating	Address (Give address to which approved copy of this form is to be sent) Not known at this time			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 27	Twp. 16S	Rge. 33E
	Is gas actually connected? Not at this time		When As soon as possible	

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-11-77	Date Compl. Ready to Prod. 5-31-77		Total Depth 13,804		P.B.T.D. 13,769			
Re-entered old hole	Name of Producing Formation Seaman Lime		Top Oil/Gas Pay 11,522		Tubing Depth 11,308' by pipe tally			
Elevations (DF, RKB, RT, GR, etc.) 4201 GD 4220 KB	Perforations 11,522' - 11,676'				Depth Casing Shoe 13,797.69			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	415'	370
12 1/2"	9-5/8"	4577'	2940
8-3/4"	5 1/2"	13,797.69'	200 Class H + 1775 Lit
	2-3/8"	11,308' by pipe tally	Wat

**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 5-31-77	Date of Test 5-31-77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 405#	Casing Pressure Packer	Choke Size 24/64"
Actual Prod. During Test 480 BO	Oil-Bbls. 480	Water-Bbls. Trace	Gas-MCF 960

**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.

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_ Orig. Signed by  
Les Clements  
TITLE \_\_\_\_\_ Oil & Gas Insp.

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.

Alvin E. Houston  
(Signature)  
Exploration Manager  
(Title)  
6-1-77  
(Date)

RECEIVED  
JUN 16 1977  
COMMUNICATIONS DIVISION  
U.S. DEPARTMENT OF JUSTICE