NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	L	
	GAS		
OPERATOR			

1-31-68

(Date)

DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE		AND	0.45	
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL	GAS	
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE Operator				
· · · · · · · · · · · · · · · · · · ·	oil Company			
Address	711 Company			
PO	Drawer 1828 Midla	nd. Texas 79701		
Reason(s) for filing (Check proper box)	DIGHCI IOLO INCLUI	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas		·	
Change in Ownership	Casinghead Gas Condens	ate		
If change of ownership give name and address of previous owner				
and address of previous evines				
II. DESCRIPTION OF WELL AND	LEASE	mation   Kind of Lea	se Lease No.	
Lease Name	Well No. Pool Name, Including For	Penalty oun an State, Feder		
Aztec State	1 Undesigns	15ed / 0.2204	Deate Od 7703	
Location	Northeast Loving	10 11 1 Chingytou in lan	Post	
Unit Letter / J ; 19	80 Feet From The South Line	and Feet From	The East	
	16.5	37-E , NMPM,	Lea County	
Line of Section 18 Tow	wnship 16-S Range 3	NMPM,	<u>Dea</u>	
	TER OF OUR AND NATURAL CAL			
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)	
The Permian Corp	oration (Trucks)	P. O. Box 3119	Midland, Texas 79701	
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)	
Skally Oil CoNat	ural Gasoline Plts Di	Lv. P. O. Box 165	0, Tulsa, Okla. 74102	
	Unit Sec. Twp. Rge.		/hen	
If well produces oil or liquids, give location of tanks.	J 18 16-S 37-E	No	Soon	
1 °		rive commingling order number:		
	th that from any other lease or pool, g			
IV. COMPLETION DATA	. 0.1	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
Designate Type of Completic	on - (X)	X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
11-18-67	1-30-68	11,536	11,490	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3837 CL (Est)	Strawn	11,336	11369	
Perforations I hole	/ft. 11,374-11,386		Depth Casing Shoe 11,536	
1 hole @ each 11	336;11338;11340;11342	2;11353;355;357;35 <u>9</u>		
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 340 (Circ)	
17 3	13 3/8	371	650	
11	8 5/8	4337	200	
7 <b>7</b> /8	4 3	11536	200	
	2 3/8	11369		
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load o	il and must be equal to or exceed top allow	
OIL WELL	able jor title de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Flow	•	
1-20-68	1-30-68 Tubing Pressure	Casing Pressure	Choke Size	
Length of Test 24 hours	75	packer	28/64	
	Oil-Bbls.	Water - Bbls.	Gas-MCF	
Actual Prod. During Test	224	0	175	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Flod. 1881- MOI/D				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
regular Manual (hand) again his				
	VCE	OIL CONSER	VATION COMMISSION	
VI. CERTIFICATE OF COMPLIAN	ICE		T those	
_		APPROVED	<u> </u>	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			Runyan	
above is true and complete to the	ne best of my knowledge and belief.	BY	0	
-		TITLE		
$\mathcal{O}$		''' = = = = = = = = = = = = = = = = =	to compliance with Bull E 1104	
KARR	0	1	in compliance with RULE 1104.  lowable for a newly drilled or deepend to be a tabulation of the deviation.	
Nodney (Ba	d			
Petroleum Eng	nature) Ineer	Il annue taken on the Well IN EC	Coldance with work	
		All sections of this form	must be filled out completely for allow	
1 21 60	Title)	able on new and recompleted		

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.

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