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U.S.G.S.		
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-110
Effective 1-1-65

Operator Green & Michaelson Producing Co.	
Address 314 Building of Southwest, Midland, Texas 79701	
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"/>

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

Lease Name Clardy		Well No. 1	Pool Name, including Formation Garett-Drinkard R-4304	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter 0 ; 1980 Feet From The East Line and 467 Feet From The South Line of Section 21 Township 16 S Range 38 E , NMPM, Lea County					

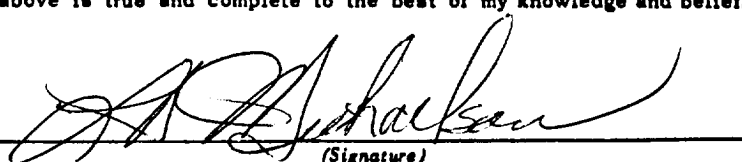
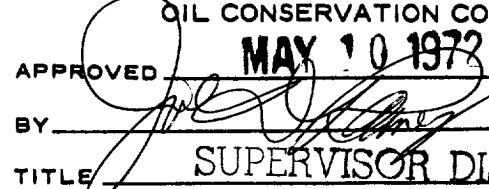
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp.		Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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 0	Sec. 21	Twp. 16 S	Rge. 38 E	Is gas actually connected? No	When

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

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.
Date Spudded 3-29-72	Date Compl. Ready to Prod. 4-26-72	Total Depth 8650		P.B.T.D. 8380					
Elevations (DF, RKB, RT, GR, etc.) 3715 Gr.	Name of Producing Formation Drinkard		Top Oil/Gas Pay 7899		Tubing Depth 7850				
Perforations 7899-8292		Depth Casing Shoe 8440							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17"	13 3/8		400		375 sx				
11"	8 5/8		4519		375 sx				
7 7/8	4 1/2		4405-8440		950 sx				

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 4-26-72	Date of Test 4-27-72	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 200#	Casing Pressure Packer	Choke Size 18/64
Actual Prod. During Test 216	Oil-Bbls. 216	Water-Bbls. None	Gas-MCF 113

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED MAY 10 1972 , 19 _____	
 (Signature)		BY 	
Vice-president (Title)		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.	

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MAY 3 1972

OIL CONSERVATION COMM.
MOBES, N. A.