	NO. OF COPIES RECEIVED			-	
	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C- Elfective 1-1-65	
	U.S.G.S.		AND ANSPORT OIL AND NATURAL		
	LAND OFFICE		-		
	IRANSPORTER GAS	-			
_	OPERATOR PRORATION OFFICE	4			
I.	Operator				
	Address 1405 First National Bank Bldg, Midland, Texas 79701				
		eason(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:			
	Recompletion	Oil X Dry Ga Casinghead Gas Conder			
	Change in Ownership				
	If change of ownership give name and address of previous owner				
П.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	Well No. Pool Name, Including F			
	Eidson	1 N. Shoebar D			
		80_Feet From The_ <u>north</u> Lin	e and <u>1980</u> Feet From	m TheWest	
				_	
i	Line of Section 15 To	wnship 165 Range	35Е , ммрм,	Lea County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				recover conv of this form is to be sent)	
The Permian Corporation Box 1183, Hi Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address)		Address (Give address to which app	roved copy of this form is to be sent)		
	Supperarit (Unit Sec. Twp. P.ge.	Is gas actually connected?	When / / /	
	If well produces oil or liquids, give location of tanks.		Yez	2/25/16	
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
	Designate Type of Completio	on – (X)	• • • • • • • • • • •		
	Date Spuddød	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Perforations				
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			······································		
	TET 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	
¥.	able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Frondering Morriso (1 10-1 Famp) Bee		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
	Actual Prod. During Tuest		<u> </u>		
•					
1	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
				Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		
l	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION	
			APPROVED AUG	4 1980	
	hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given over is irue and complete to the best of my knowledge and belief.			organia by	
			Lorry Sevion		
	γ		TITLE Dist 1, Supy. This form is to be filed in compliance with RULE 1104.		
	Jon M. Surhaugh		To this is a request for all	owable for a newly drilled or deepene	
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Operator		Ail sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out only Sections III. III. and VI for changes of owner		
	7/31/80	ile)			
		2(4)	well name or number, or transpo	orter, or other such change of condition	
	, ,				

1100 (J.) 1110 (J.) 1110 (J.)

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