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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
Tri-Service Drilling Company

Address
P. O. Drawer 70 - Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well [XX]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 5/2/76 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner _____

THIS WELL HAS BEEN PLACED IN THE POOL SHOWN BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. R-5171

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Read State	1	Townsend Strawn	State, Federal or Fee State	K-6966

Location
Unit Letter G ; 1980 Feet From The East Line and 2246 Feet From The North

Line of Section 4 Township 16-S Range 35-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P. O. Box 1183 - Houston, Texas 77000
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Tipperary Corporation	500 W. Illinois - Midland, Texas 79701

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	4	16S	35E	No	

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 Resv.	Diff. Resv.
	XX		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-15-75	12-8-75	12,001	11,377
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4027 GR	Strawn	11,360	12,001
Perforations 11,360, 356, 352, 348, 344, 11,306, 303, 300, 297, 294			Depth Casing Shoe 11,470

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8	330	375 sks.
10-5/8"	8-5/8	4,520	375 sks.
7-7/8"	5-1/2	11,470	1200 sks.
	2-7/8-tbg.	11,192	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-3-76	3-3-76	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
16 hrs.	1650#	Pkr.	16/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
195.86	293.79	0	502 MCFPD

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

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.

N. W. Allen
(Signature)

Production Supt.
(Title)

3-3-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Larry Sexton

TITLE _____

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 operator, well name or number, or transporter, or other such change of condition.