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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 Sabine Production Company	
Address 901 Wall Towers East - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	To change well status from Oil well to Gas well.
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name N. Eidson Fee	Well No. 1	Pool Name, Including Formation N. Eidson-Morrow Pool	Kind of Lease XXXXXXXXXX Fee	Lease No.
Location Unit Letter M ; 660 Feet From The S Line and 660 Feet From The West Line of Section 34 Township 15-S Range 34-E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183-Houston, Tx 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492-El Paso, Tx 79999					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 34	Twp. 15S	Rge. 34E	Is gas actually connected? Yes	When 2/14/77 & 1/12/79

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 Res'v.	Diff. Res'v.
		X				X		
Date Spudded 9/15/76	Date Compl. Ready to Prod. 1/12/79		Total Depth 13,375		P.B.T.D. 13,330			
Elevations (DF, RKB, RT, GR, etc.) 4075 GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,130		Tubing Depth 13,107			
Perforations 15' - 17'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	399	400 SX
11	8-5/8	4530	1340 SX
7-7/8	5-1/2	13375	500 SX
	2-3/8	13107	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 235	Length of Test 24	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Orifice well tester	Tubing Pressure (shut-in) 2934	Casing Pressure (shut-in) Packer	Choke Size 24/64

I. 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.

Michael J. De Marco
(Signature)
DISTRICT ENGINEER
(Title)
January 29, 1979
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	FEB 2 1979
BY	<u>John A. Lepton</u>
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. 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.	