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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 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"/>	Change well status from gas well to oil 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 - Strawn	Kind of Lease XXXXXXXXXX Fee Fee
Lease No.			
Location Unit Letter M ; 660 Feet From The South 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
The Permian Corporation	P. O. Box 3119, Midland, Tx 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)		
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, Tx 79999		
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 34	Twp. 15
		Rge. 34	Is gas actually connected? Yes
			When 3-14-77

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 9-15-76	Date Compl. Ready to Prod. 10-25-77
Elevations (DF, RKB, RT, GR, etc.) 4075' GR	Name of Producing Formation Strawn
Perforations 12,114-12,146'	Top Oil/Gas Pay 12,114
	Tubing Depth 13,107
	Depth Casing Shoe 13,375

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 10-25-77	Date of Test 10-26-77	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hr	Tubing Pressure 170	Casing Pressure pkr	Choke Size 21/64"
Actual Prod. During Test --	Oil-Bbls. 60	Water-Bbls. 0	Gas-MCF 151.5

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		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 NOV 1, 1977	
Thelma Payne (Signature) Production Supervisor (Title) October 27, 1977 (Date)		BY Jerry S. Sifton 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 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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OIL CONSERVATION COMM.
HOBBS, N. M.