DISTRIBUTION			Form C -104				
SARTA FE	REQUEST FOR ALLOWABLE AND Supersedes Old C-104 and C-1 Effective 1-1-65						
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
TRANSPORTER GAS							
OPERATOR I. PRORATION OFFICE Operator							
Victory III Petrolea	m Company						
P.O. Box 36666, Hour Reason(s) for filing (Check proper box,	ston, Texas 77036	Other (Please explain)	signation of:				
New Well	Change in Transporter of: Oil Dry Gas	Gas Purchaser / Tra					
Recompletion Change in Ownership	Casinghead Gas Conden						
If change of ownership give name and address of previous owner							
II. DESCRIPTION OF WELL AND	LEASE Well No.; Fool Name, Including Fo	rmation Kind of Lease	Lease No.				
Lease Name New Mexico Comme 22	1	ver Wolfcamp) State, Federal of	i i				
Unit Letter k	980 Feet From The West Line	e and Feet From The	South				
	vnship 16S Range	33E , NMPM, Lea	County				
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which approved					
Name of Authorized Transporter of Oil XX or Condensate Address (Give address) The Permian Corporation P.O. Box 1183		Address (Give address to which approved P.O. Box 1183, Houston , Address (Give address to which approved					
Name of Authorized Transporter of Casinghead GasXX or Dry Gas		Address (Give address to which approved P.O. Drawer 1267, Ponca					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. K 22 16S 33E	Is gas actually connected? When Yes 2	-15-78				
If this production is commingled wi	th that from any other lease or pool,						
IV. COMPLETION DATA Designate Type of Completion	Oii Well Gas Well Gas Well	New Well Workover Deepen F	Plug Back Same Res'v. Diff. Res'v.				
Date Spudded	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				
Perforations		i I	Depth Casing Shoe				
	TUBING, CASING, AND	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
V. TEST DATA AND REQUEST F	OP ALLOWABLE (Test must be a	iter recovery of total volume of load oil an	d must be equal to or exceed top allow-				
V. TEST DATA AND REQUEST F OIL WELL Date First New Oil Bun To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,					
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas - MCF				
Actual Prod. During 1050							
GAS WELL		Bbls, Condensate/MMCF	Gravity of Condensate				
Actual Prod. Test-MCF/D	Length of Test		Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)						
VI. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVAT	1979				
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. M.M. Cauly (Signature) Production Superintement (Title)		APPROVED Orig. Signed by BY Jerry Sexten TITLE Dist 1, Supv. 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.					
				April 21, 1978 (Date)		Fill out only Sections I. II. well name or number, or transporter	III, and VI for changes of owner, r, or other such change of condition.
						Separate Forms C-104 must	be filed for each pool in multiply