NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL		
TRANSPORTER 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
W.A. Moncrief, Jr.

Address
400 Metro Bldg:, Midland, Texas 79701

Reason(s) for filing *(Check proper box)*
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*
Request for 500 barrel test allowable to dispose of Penn oil produced in February and March

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Yates State	1	Undesignated	State, Federal or Fee State	V-0119

Location
Unit Letter G : 1980 Feet From The north Line and 1980 Feet From The east
Line of Section 30 Township 16S Range 37E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
The Permian Corporation	Box 1183 Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Not known at this time	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	30	16S	R37E	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 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
			Depth Casing Shoe
Perforations			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)*	
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	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.

Dewey E. Thornton
(Signature)

Exploration Manager
(Title)

March 15, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1983, 19 _____

BY ~~ORIGINAL SIGNED BY JERRY SEXTON~~
DISTRICT I SUPERVISOR

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.