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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

JUL 5 1 37 PM '66

Operator TENNELO OIL COMPANY	
Address Box 1031 MIDLAND, TEXAS	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
EFFECTIVE JULY 1, 1966	

If change of ownership give name and address of previous owner **CACTUS DRILLING COMPANY PO DRAWER 71 SAN ANGELO, TEXAS**

Lease Name SHELL FEDERAL	Lease No. LC067230	Well No. 2	Pool Name, Including Formation LUSK SEVEN RIVERS	Kind of Lease State, Federal or Free
Location				
Unit Letter F ; 2130 Feet From The NORTH Line and 1980 Feet From The WEST				
Line of Section 3 Township 19 Range 32 , NMPM, LEA County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
PERMIAN CORP.		Box 3119 MIDLAND, TEXAS		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
PHILLIPS PETROLEUM		Room B2 PHILLIPS BLDG ODESSA, TEXAS		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	J	3	19S	32
Is gas actually connected?	When			
YES	8-18-65			

If this production is commingled with that from any other lease or pool, give commingling order number:

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						
Perforations						Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD												
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT						

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

A.W. LANG
(Signature)
DISTRICT PRODUCTION SUPERINTENDENT
(Title)
JULY 1, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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.