

District I 1980
PO Box 1980, Hobbs, NM 88241-1980

State Of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

District II
811 South 1st, Artesia NM 88210

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

AMENDED REPORT

District III
1000 Rio Bravos Rd. Aztec, NM 87401

District IV
2040 South Pacheco, Santa Fe NM 87505

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1. Operator name and Address Permian Resources, Inc. P. O. Box 590 Midland, TX 79702-0590		2. OGRID Number 025797	
4. API Number 30-025-21846		5. Pool Name Corbin; Queen, South (Oil)	
7. Property Code 23047		8. Property Name Buffalo Unit	
6. Pool Code 013290		9. Well Number #8	
3. Reason for Filing Code CH, Effective 03/01/98			

II. 10. Surface Location

Ut or lot no.	Section	Township	Range	Lot. Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
H	34	18S	33E		1980	North	660	East	Lea

11. Bottom Hole Location

Ut or lot no.	Section	Township	Range	Lot. Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
H	34	18S	33E		1980	North	660	East	Lea
12. Log Code F	13. Preceding Method Code P	14. Gas Compressor Date		15. C-129 Permit Number		16. C-129 Effective Date		17. C-129 Expiration Date	

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
015694	Navajo Refining Company 110 W. Louisiana Ave. Midland, Texas 79701	1204010	O	B-34-18S-33E
005097	Conoco, Inc. 10 Desta Drive West Midland, Texas 79705	1204030	G	B-34-18S-33E

IV. Produced Water

23 POD 1204050	24 POD ULSTR Location and Description B-34-18S-33E
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V. Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBTD	29 Perforations	30 DHC, DCMC
31 Hole Size	32 Casing & Tubing Size	33 Depth Set		24 Sacks Cement	

VI. Well Test Data

35 Date New Oil	36 Gas Delivery Date	37 Test Date	38 Test Length	39 Tbg. Pressure	40 Csg. Pressure
41 Choke Size	42 Oil	43 Water	44 Gas	45 ACF	46 Test Method

I hereby certify that the Rules of Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Robert H. Marshall*

Printed Name: Robert H. Marshall

Title: V.P.

Date: 3-9-98

Phone: 915-685-0113

Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT SUPERVISOR

Title:

Approval Date:

47 If this is a change of operator fill in the OGRID number and name of the previous operator
M & W of Lovington, Inc. *Gaye Heard* Gaye Heard Agent 03/02/98

Previous Operator Signature: Ogrid #13688

Printed Name: Title: Date:

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

*Supersedes Old C-104 and C-1
Effective 1-1-65*

SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator
M & W of Lovington Incorporated

Address
2400 S. Main (P.O. Box 922) Lovington, N.M. 88260

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Buffalo Unit</u>	Well No. <u>8</u>	Pool Name, including Formation <u>South Corbin Queen</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>1177A</u>
Location				
Unit Letter <u>H</u>	<u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>			
Line of Section <u>34</u>	Township <u>18S</u>	Range <u>33E</u>	NMPM, <u>Lea</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Independent Producers Marketing Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1968 Casper, Wyoming 82602</u>			
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input type="checkbox"/> <u>Casper, Inc</u>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>34</u>	Twp. <u>18S</u>	Range <u>33E</u>
	Is gas actually connected? <u>Yes</u>		When <u>September 1968</u>	

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

IV. 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, CR, 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			

V. 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, qgs 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

VI. 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.

John W. Wilson
President
Dec. 28, 1981

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *Jerry*
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 deviate 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 multiple completed wells.

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form 1104
Supersedes Old 1104 and 1111
Effective 1-1-65

FILED	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

Operator M & W of Lovington Inc.

Address 2400 S. Main (P.O. Box 922) Lovington, N. M. 88260

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>	

If change of ownership give name and address of previous owner Texo Oil Company, P.O. Box 4436, Wichita Falls, Texas 76308 (Roy H. Smith Drilling Co.)

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Buffalo Unit</u>	<u>8</u>	<u>South Corbin - Queen</u>	<u>Federal</u>	<u>NM01177A</u>
Location				
Unit Letter <u>H</u>	<u>1980</u>	Feet From The <u>North</u> Line and <u>660</u>	Feet From The <u>East</u>	
Line of Section <u>34</u>	Township <u>18S</u>	Range <u>33E</u>	<u>NMPM, Lea</u>	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)			
<u>Summit Gas Co.</u>	<u>405 United Gas Bldg., Houston, Texas</u>			
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)			
<u>Continental Oil Co.</u>	<u>Ponca City, Oklahoma</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	<u>B</u>	<u>34</u>	<u>18S</u>	<u>33E</u>
	Is gas actually connected?		When	
	<u>yes</u>		<u>September 1968</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: No

COMPLETION DATA				
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover
<u>(X)</u>	<u>yes</u>			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
<u>9/6/66</u>	<u>10/5/66</u>	<u>4555</u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
<u>3780CL, 3792KB, 3791DF</u>	<u>Penrose Sand</u>	<u>4499-4512</u>	<u>4480'</u>	
Perforations	W/15 shots		Depth Casing Shoe	
<u>Perforated 4499-4512</u>			<u>4555'</u>	
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
<u>11"</u>	<u>3-5/8"</u>	<u>265'</u>	<u>225 SX Cement Circ</u>	
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>4555'</u>	<u>250 SX Class A 4 1/2 Gal</u>	
			<u>100 SX Class A 2 1/2 Gal</u>	

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.)	
<u>10/5/66</u>	<u>10/6/66</u>	<u>Flowing</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs.</u>	<u>50#</u>	<u>300#</u>	<u>20/64ths</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<u>61 bbls.</u>	<u>61</u>	<u>-0-</u>	<u>-0-</u>

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

James W. Wilson
(Signature)
President
August 1, 1980
(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 deviated tests taken on the well in accordance with RULE 111.

All portions 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 conditions.

DISTRIBUTION			
SANTA FE			
FILE			
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

I. Operator
TEXO OIL COMPANY
 Address
 P. O. Box 4436, Wichita Falls, Texas 76308

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 checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Buffalo Unit	Lease No. 561528	Well No. 8	Pool Name, Including Formation So. Corbin Queen (Penrose)	Kind of Lease State, Federal or Fee Federal
Location Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East				
Line of Section 34 Township 18S Range 33E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> SUMMIT GAS COMPANY <small>has changed its name to SUMMIT TRANSPORTATION COMPANY.</small>	Address (Give address to which approved copy of this form is to be sent) 405 Entex Bldg., Houston, Texas 77002
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) Ponca City, Oklahoma 74601
If well produces oil or liquids, give location of tanks.	Unit B Sec. 34 Twp. 18S Rge. 33E
Is gas actually connected?	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	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

V. 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)

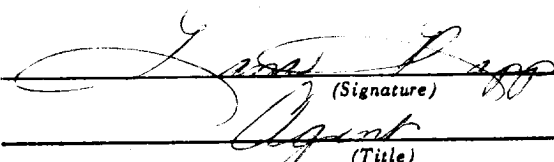
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

VI. 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.



 (Signature)

 (Title)
 8-1-76

 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 3 1977, 19 _____

BY Jerry Sexton

 Orig. Signed by
 Jerry Sexton

 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 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.

RECEIVED

MAR 2 1977

OIL CONSERVATION COMM.
HOBBS, N. M.