

U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

AND  
A. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Joe A. Coleman
Address	P.O.Box 1829, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)	
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"/>

If change of ownership give name and address of previous owner Aztec Oil & Gas Company, 2000 First National Bank Bldg, Dallas, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lea OR State	Well No.	3	Pool Name, including Lease No.	Arkansas Junction SA	Lease No.	OG5488	
Location	Unit Letter	P	Feet From The	660	South	Line and	660	
	From The	East	Line of Section	12	Township	18 s	Range	36 e
	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"/>	The Permian Corporation	Address (Give address to which approved copy of this form is to be sent)	P.O.Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent)	P.O.Box 67, Monument, New Mexico
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	K	12	18
			36
	Yes	12-18-68	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Water Well	Other	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	S.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Depth of Casing	Tubing Depth				
Perforations	Depth Casing Shoe						
TUBING, CASING, AND CEMENTING DATA							
HOLE SIZE	CASING & TUBING SIZE	CEMENT	SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of production and oil and must be equal to or exceed top allowable for this depth or be test full 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Choke Size	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing 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.

OWNER & OPERATOR

JANUARY 1, 1973

OIL CONSERVATION COMMISSION  
JAN 8 1973

APPROVED  
By: Joe D. Rainey  
TITLE: Dist. I. Supv.

ALL wells must be filed in compliance with RULE 1104.  
If a well is requested for allowable for a newly drilled or deepened well, the request must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All wells on this form must be filled out completely for allowable and deepened wells.  
Forms I, II, III, and VI for changes of owner, lease, transporter, or other such change of condition must be filed for each pool in multiple copies.

11  
11

RELIEVED

JAN 1971  
D. J. KERRATT  
JAN 1971