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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**  
Operator: SOUTHWESTERN NATURAL GAS, INC.  
Address: 900 Building of the Southwest - Midland, Texas 79701  
Reason(s) for filing (check proper box):  
New Well       Change in Transporter of: Oil  Dry Gas   
Recompletion       Casinghead Gas  Condensate   
Change in Ownership

If change of ownership give name and address of previous owner \_\_\_\_\_  
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR, NOTIFY THIS OFFICE.

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Atlantic State "32" State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>South Corbin Morrow</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No. <u>K-1860</u>
Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>18-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 3119 - Midland, Texas 79701</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Undesignated Phillips Petroleum Co</u>	Address (Give address to which approved copy of this form is to be sent) <u>--</u>			
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>32</u> Twp. <u>18-S</u> Rge. <u>33-E</u>	Is gas actually connected? <u>No</u>	When <u>Unknown 3/12/71</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.
			<input checked="" type="checkbox"/>					
Date Spudded <u>12-14-69</u>	Date Compl. Ready to Prod. <u>3-30-70</u>	Total Depth <u>13,650</u>		P.B.T.D. <u>13,650</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3754 GL</u>	Name of Producing Formation <u>Morrow</u>	Top Oil/Gas Pay <u>13,116'</u>		Tubing Depth <u>13,065</u>				
Perforations <u>13,116 to 13,197 0.4" 19Holes</u>			Depth Casing Shoe <u>13,650</u>					
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>458</u>		<u>450 sx</u>				
<u>11"</u>	<u>8-5/8"</u>	<u>4850'</u>		<u>550 sx</u>				
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>13650'</u>		<u>865 sx</u>				

**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 <u>860</u>	Length of Test <u>24 hours</u>	Bbls. Condensate/MCF <u>29.1</u>	Gravity of Condensate <u>47.2</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>4200</u>	Casing Pressure (shut-in) <u>Pkr</u>	Choke Size <u>10/64"</u>

**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.

Don C. Bennett  
(Signature)  
Operations Manager  
(Title)  
April 24, 1970  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED: MAY 18 1971, 19\_\_\_\_  
BY: John J. Kline  
TITLE: SUPERVISOR DISTRICT

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.

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APR 20 1970

OIL CONSERVATION COMM.  
LCSRS, W. D.