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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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 L. R. FRENCH, JR.

Address P. O. Box 4577 Odessa, Texas 79760

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

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Completion ☐ 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  
DESCRIBED BELOW. IF YOU DO NOT CONSENT  
RETURN THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
UNCLE SAM	1	South Corbin-Morrow	State, Federal or Fee Federal	NM078148
Location				
Section	1980	Feet From The South	1980	Feet From The East
Line of Section	25	Township	18-South	Range
			32-East	NMPM, LEA 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"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation Permian (511 171 7)	1509 W. Wall Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P. O. Box 1492 El Paso, Texas 79999					
Does well produce oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	-	25	18-S	32-E	No	

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.
		XX	XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-30-71	1-17-72	14,664	13,500					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3750.8 GR	MORROW	13,104'	13,070					
Perforations	Depth Casing Shoe							
13,104 to 13,406'	14,664'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	421	375
12-1/4"	9-5/8"	4,745	700
8-3/4"	4-1/2"	10,592	800
8-3/4"	4-1/2"	14,664'	400
	2-3/8"	13,200'	

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
6,700	4 hrs.	29.41	60°
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	4631	Packer	14/64"

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.

David H. Donaldson  
(Signature)

Production Superintendent

(Title)

January 17, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED [Signature], 19 1972

BY [Signature]

TITLE [Signature]

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.