

PERMIT TO TRANSPORT OIL AND NATURAL GAS
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

U.S.		
OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
Teal Petroleum Company

Address
405 Wall Towers East, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Re-completion	<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
Amini Oil Company, 405 Wall Towers East, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "A"	Well No. 1	Pool Name, including Township Vacuum Abo, North	Kind of Lease State, Federal or Free State	Lease No. E-5765
Location Unit Letter: N ; 1980 Feet From The West Line of Section 460 Feet From The South				
Line of Section 1 Township 17-S Range 34-E , NMPM, Lea 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"/> Mobil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004 Gas Dept.					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 1	Twp. 17-S	Range 34-E	Is the well partially connected? Yes	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	Gas Well	Leak Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Date of Design		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Estimated 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 on 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	Flowing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Gas-MCF	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Prod. 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.

Wanda Walker
(Signature)
Agent
October 18, 1974
(Date)

OIL CONSERVATION COMMISSION

1974, 19
Orig. Signed by
Joe D. Ramey
Dist. I, 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 made 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.