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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

SEP 25 1967
OIL CONSERVATION COMMISSION

Operator Samray DX Oil Company	
Address P. O. Box 1416 - Roswell, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 UNDESIGNATED				
Lease Name New Mexico "EE" State	Well No. 1	Pool Name, including Formation Midway Abo	Kind of Lease State, Federal or Fee State	Lease No. E-8581
Location midway-Abo R-3367				
Unit Letter H	1920	Feet From The North	Line and 660	Feet From The East
Line of Section 13	Township 17S	Range 36E	, 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"/>		Address (Give address to which approved copy of this form is to be sent)		
The Permian Corporation		Box 3119 - Midland, Texas		
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)		
Shelby Oil Company Warren		Box 667 - Lovington, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 13	Twp. 17S	Rge. 36E
			Is gas actually connected? Yes	When 12-8-66

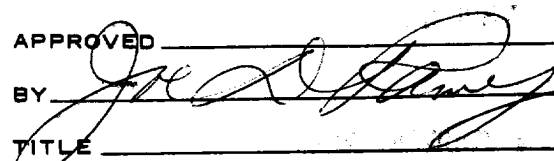
If this production is commingled with that from any other lease or pool, give commingling order number:

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"/>					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded 8-10-67	Date Compl. Ready to Prod. 8-23-67		Total Depth 9440			P.B.T.D. 9117			
Elevations (DF, RKB, RT, GR, etc.) 3822 DF	Name of Producing Formation Upper Abo		Top Oil/Gas Pay 8903			Tubing Depth 8869			
Perforations 8903, 8905, 8907, 8909, 8924, 8926						Depth Casing Shoe 9433			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4		13 3/8		362		300 sxs			
12 1/4		8 5/8		4400		775 sxs			
7 7/8		4 1/2		9433		1279 sxs - 2 Stages			
		2		8869					

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 8-15-67	Date of Test 9-20-67	Producing Method (Flow, pump, gas lift, etc.) Pump - Kobe	
Length of Test 24 Hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 13	Oil - Bbls. 11	Water - Bbls. 2	Gas - MCF 9.6

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 Hastings
	(Signature)
	District Engineer
	(Title)
	9-22-67
	(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 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.	