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

EW MEXICO OIL CONSERVATION COMMISS  
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

Operator Walter W. Krug DBA Wallen Production Company		
Address Box 1960 Midland, Texas 79701		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Casinghead Gas MUST NOT BE	
Recompletion <input type="checkbox"/>	FILED WITH	
Change in Ownership <input type="checkbox"/>	EXCEPT BY EXCEPTION TO R-4078	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	IS OBTAINED.	

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. R-5361

I. DESCRIPTION OF WELL AND LEASE

Lease Name Wallen Tonto	Well No. 1	Pool Name, Including Formation undesignated	Kind of Lease State, Federal or Fee Federal	Lease No. NM 073240
Location Unit Letter N ; 990 Feet From The S Line and 2310 Feet From The W Line of Section 30 Township 19 Range 33 , NMPM, Lea County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 30	Twp. 19	Pge. 33	Is gas actually connected?	When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deeper <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10/15/76	Date Compl. Ready to Prod. 12/5/76		Total Depth 3082'		P.B.T.D. same			
Elevations (DF, RKB, RT, GR, etc.) GR 3588	Name of Producing Formation seven rivers		Top Oil/Gas Pay 3074'		Tubing Depth 3072'			
Perforations none					Depth Casing Shoe 2896			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15 1/2"	13 3/8"		225'		100 sxs			
12 1/2"	10 3/4"		595'		mudded in			
10"	8 5/8"		984'		mudded in			
8"	7"		2896'		1000 sxs			

VI. 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 12/5/76	Date of Test 12/5/76	Producing Method (Flow, pump, gas lift, etc.) swabbing with rig	
Length of Test 24 hours	Tubing Pressure ***	Casing Pressure ***	Choke Size ***
Actual Prod. During Test 54.0	Oil - Bbls. 54.0	Water - Bbls. TSTM	Gas - MCF TSTM

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

I. 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.

Walter W. Krug  
(Signature)  
Engineer  
(Title)  
12/7/1976  
(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.

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FEB 18 1976

OIL CONSERVATION COMM.  
HOBBS, N. M.