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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 Ammex Petroleum, Inc.	
Address Box 10507 Midland, TX 79702	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>
Other CASINGHEAD GAS MUST NOT BE FLARED OFF 9/11/82 UNLESS AN EXEMPTION TO R-400 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.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Exxon State	Well No. 1	Pool Name, Including Formation Vacuum Grayburg South	Kind of Lease State, Federal or Fee State	Lease No. LG1339
Location Unit Letter <u>L</u> ; <u>1650</u> Feet From The <u>south</u> Line and <u>330</u> Feet From The <u>west</u>				
Line of Section <u>32</u> Township <u>17-S</u> Range <u>36</u> <u>26-E</u> , 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 L	Sec. 32
	Twp. 17	Rge. 26
	Is gas actually connected? no	
	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5/01/82	Date Compl. Ready to Prod. 6/2/82	Total Depth 5200'	P.B.T.D. 5148'					
Elevations (DF, RKB, RT, GR, etc.) 3865.8 GR	Name of Producing Formation Grayburg	Top Oil/Gas Pay 4978'	Tubing Depth 4918'					
Perforations 5126-38'; 5064-74'; 4978-98'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 410		SACKS CEMENT 300 SX			
7 7/8	4 1/2"		5184		900 SX			

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 6/11/82	Date of Test 6/15/82	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 42	Oil-Bbls. 20	Water-Bbls. 22	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.


(Signature)
Agent
(Title)
7/13/82
(Date)

OIL CONSERVATION COMMISSION

JUL 15 1982
APPROVED _____, 19____
BY _____ ORIGINAL SIGNED BY
JERRY SEXTON
TITLE _____ DISTRICT 1 SUPR.
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

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JUL 14 1982

G.S.D.
ROBES OFFICE