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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-103 and C-110
Effective 1-1-65

Operator Walter W. Krug DBA Wallen Production Company		CASH/HEAD GAS MUST NOT BE FLARED AFTER 10/1/76 UNLESS IN EXCEPTION TO R-4070 OBTAINED.	
Address Box 1960 Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:	The Permian Corp. will haul until	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Texas New Mexico Pipeline hooks	
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	us up.	

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 CONCUR
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE				
Lease Name Wallen Fee	Well No. 1	Pool Name, Including Formation Middle Lynch Yates-SR	Kind of Lease State, Federal or Fee Fee	Lease No. ***
Location				
Unit Letter D ; 330 Feet From The N Line and 990 Feet From The W				
Line of Section 28 Township 20S Range 34E , NMPM, Lea County				

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)				
Permian Corp. Union of California (Texas New Mexico)		P. O. Box 3100 Midland, Texas 79701				
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)				
T S T M		***				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 28	Twp. 20	Rge. 34	Is gas actually connected? NO	When ***

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

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"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded 2/12/76	Date Compl. Ready to Prod. 5/27/76	Total Depth 3713'		P.B.T.D. 3640'					
Elevations (DF, RKB, RT, GR, etc.) GR 3680	Name of Producing Formation Yates Sand	Top Oil/Gas Pay 3448		Tubing Depth 3604'					
Perforations 3492' - 3535'				Depth Casing Shoe 3692'					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	13 3/8"	227'	102 sxs
12 1/2"	10 3/4"	755'	mudded in
10"	8 5/8"	1175'	mudded in
8" 6 1/4"	7" 4 1/2"	3300' 3692'	866 sxs 60 sxs

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 5/27/76 (no electric)	Date of Test 7/29/76	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hours	Tubing Pressure 50 PSI	Casing Pressure 60 PSI	Choke Size ***
Actual Prod. During Test 69 bbls	Oil-Bbls. 66 bbls	Water-Bbls. 3 bbls.	Gas-MCF 65

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 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)
Walter W. Krug Engineer
(Title)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Jerry S. [Signature]

TITLE SURVEYOR

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, etc.

August 2, 1976