

DISTRIBUTION			
SANTA FE			
FILE			
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

Operator Walter W. Krug DBA Wallen Production Company	
Address Box 1960 Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Wallen Nadine	Well No. 1	Pool Name, including Formation Nadine Drinkard	Kind of Lease State, Federal or Fee	Lease No. *****
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>W</u>				
Line of Section <u>14</u> Township <u>19S</u> Range <u>38E</u> , NMPM, 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) 1509 West Wall Street	
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. 14
	Twp. 19S	Pge. 38E
	Is gas actually connected? No	
	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"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resv. <input type="checkbox"/>	Diff. Resv. <input type="checkbox"/>
Date Spudded 5-4-1979	Date Compl. Ready to Prod. 5-23-1979		Total Depth 7818'		P.B.T.D. 7813'			
Elevations (DF, RKB, RT, GR, etc.) GR 3601'	Name of Producing Formation Drinkard		Top Oil/Gas Pay 7293'		Tubing Depth 7737'			
Perforations 7293' - 7716'					Depth Casing Shoe 7807'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	12 3/4"		385'		500 sxs class "c" 2% ca cl			
10.5"	7 5/8"		4304'		1300 sxs class "c" 1/4" #flo ce			
6.5"	4 1/2"		7807'		550 sxs class "h" 2% gel			

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 6/2/1979	Date of Test 6/25/1979	Producing Method (Flow, pump, gas lift, etc.) swabbing	
Length of Test 24 hrs	Tubing Pressure 60 PSI	Casing Pressure up to 860 PSI	Choke Size 3/4"
Actual Prod. During Test 104 + or -	Oil - Bbls. 101	Water - Bbls. 3 + or -	Gas - MCF 15 est.

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.

Walter H. Krug
(Signature)
Engineer
(Title)
6/30/1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 1 1979, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT

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.