

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 Ike Lovelady, Inc.		
Address P.O. Drawer 2666; Midland, Texas 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 (If not specified) COMMINGLED GAS MUST NOT BE PLACED IN THE UNDER AN EXCEPTION TO R-4070 IS OBTAINED. 4/11/82

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE				
Lease Name McNeill	Well No. 1	Pool Name, including formation UNDESIGNATED	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>west</u> Line and <u>660</u> Feet From The <u>south</u> Line of Section <u>33</u> Township <u>19-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> 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 Corp.		Address (Give address to which approved copy of this form is to be sent) Box 838; Hobbs, New Mexico 88240		
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 M	Sec. 33	Twp. 19-S	Rge. 38-E
		Is gas actually connected?		When
		No		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 5/26/81	Date Compl. Ready to Prod. 11/14/81		Total Depth 4000		P.B.T.D. 3960				
Elevations (DF, RKB, RT, GR, etc.) GR 3594	Name of Producing Formation Grayburg Yates		Top Oil/Gas Pay 3130		Tubing Depth 3085				
Perforations 2883 - 2987,		3130 - 3138		Depth Casing Shoe 4000					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"		8-5/8		471		200			
7-7/8		5-1/2		4000		1100			

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 11/14/81		Date of Test 12/30/81		Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.		Tubing Pressure 15		Casing Pressure 20	
Actual Prod. During Test 7		Oil-Bbls. 4		Water-Bbls. 3	
				Gas-MCF 20	

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.	
<u>Paul Burrow</u> (Signature) Manager of Production (Title) January 25, 1982 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19____	
BY <u>Jerry Sention</u> Dist. 1. Supr	
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.	