	ALC: INSTRECT	
i	DISTRIBUTIO	N
	SANTA FE	•
Ī	FILE	
	U.S.G.S.	
	LAND OFFICE	
	TRANSPORTER	OIL
		GAS
	OPERATOR	
1.	PRORATION OF	ICE

	REQUEST FOR ALLOWABLE	Supersedes Old C-104 and C-116	
FILE	AND	Effective 1-1-65	
	ATION TO TRANSPORT OIL AND NATURAL	GAS	
LAND OFFICE OIL			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator TEXAS CRUDE OIL COMPANY	,		
Address			
508 Wall Towers East, Midla			
Reason(s) for filing (Check proper box)	Other (Please explain) Change gathere	er from Admiral Crude Oil	
New We'll Change in Tran		Corporation (trucks)	
Recompletion OII Change in Ownership Casinghead Ga		· , , , , , , , , , , , , , , , , , , ,	
		-	
If change of ownership give name and address of previous owner	•		
•			
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool	Name, Including Formation Kind of Lea	ise Lease No.	
	ouse Drinkard State, Fede	eral or Fee Fee	
Location		2/ /	
Unit Letter K ; 1980 Feet From The	South Line and 1980 Feet From	m The East	
12 - 20 8	Range 38 E , NMPM, L E A	A County	
Line of Section 12 Township 20 S	Range 38 E , NMPM, L E F		
I. DESIGNATION OF TRANSPORTER OF OIL ANI	NATURAL GAS		
Name of Authorized Transporter of Oil X or Conden	sate Address (Give address to which app.	roved copy of this form is to be sent)	
THE PERMIAN CORPORATION	BOX 1183, Houston, or Dry Gas Address (Give address to which app	Texas 77002 proved copy of this form is to be sent)	
	Box 1402, El Paso,		
EL PASO NATURAL GAS COMPANY	Twp. Rge. Is gas actually connected?	When	
If well produces oil or liquids, N 12 give location of tanks.	20S 38E yes		
If this production is commingled with that from any oth	er lease or pool, give commingling order number:		
V. COMPLETION DATA Oil We		Plug Back Same Res'v. Diff. Res'v	
Designate Type of Completion - (X)	II Gus wen New won		
Date Spudded Date Compl. Ready	to Prod. Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing	Formation Top Oil/Gas Pay	Tubing Depth	
		Depth Casing Shoe	
Perforations			
IGUT	NG, CASING, AND CEMENTING RECORD		
	UBING SIZE DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST FOR ALLOWABLE	(Test must be after recovery of total volume of load of	oil and must be equal to or exceed top allow	
OIL WELL	able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas		
Date First New Oil Run To Tanks Date of Test	Producing Method (Flow, pump, gos	s 11,1, c. 11,7	
Length of Test Tubing Pressure	Casing Pressure	Choke Size	
Length of Test			
Actual Prod. During Test Oil-Bbls.	Water - Bbls.	Gas-MCF	
GAS WELL Actual Prod. Test-MCF/D Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Motion 1 to a last months			
Testing Method (pitot, back pr.) Tubing Pressure	Shut-in) Casing Pressure (Shut-in)	Choke Size	
		TION COMMISSION	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSER	1 7 1971	
		1 (13/) , 19	
I hereby certify that the rules and regulations of the Commission have been complied with and that the	information given if	g. Signed by	
above is true and complete to the best of my know	oe	D. Ramey	
2	TITLEDis	st. I, Supe.	
On Vinale x = 1	This form is to be filed	in compliance with RULE 1104.	
Jeffellejal	If this is a request for a	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	
(Signature)	well, this form must be according tests taken on the well in ac	CCOLGENCE MITTE MARKET HALL	
District Supt.		be suled out completely for allo	
	All sections of this form	must be filled out completely for allowed wells.	
(Title) Sept.15,19/1	able on new and recompleted	i wells. I, II, III, and VI for changes of owner porter, or other such change of condition	

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 completed wells.

RECEIVED

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SEP 1 31971

OIL CONSERVATION COMM. HOBBS, N. M.