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FILE		<u> </u>	
u.s.g.s.			<u> </u>
LAND OFFICE			<u> </u>
TRANSPORTER	OIL		
	GAS		
OPERATOR		1	<u> </u>
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

ILE		AND		
.s.g.s.	AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GA	5	
AND OFFICE				
OIL				
RANSPORTER GAS				
PERATOR				
RORATION OFFICE				
erator				
	troleum Company, Inc.			
iress				
P. O. Box 20	046, Midland, Texas 79702			
ason(s) for filing (Check proper box)		Other (Please explain)		
w Well X Re-entry	Change in Transporter of:		13	
completion	Oil Dry Gas		ing allowable per	
ange in Ownership	Casinghead Gas Condensat	telecom with Je	erry Sexton	
ange in Ownersp				
hange of ownership give name				
address of previous owner				
A BUS T	TO A CITE		No.	
SCRIPTION OF WELL AND L	Well No. Pool Name, Including Form	ation Kind of Lease	Lease No.	
ase Name	1 Skaggs Drinkar	State, Federal	or Fee Fee	
Depew		<u> </u>		
ecation / - non	north	and 990 Feet From T	he West	
Unit Letter E; 208	BO Feet From The <b>north</b> Line a	ind		
•	mship 20-S Range 38E	, имрм, Lea	County	
Line of Section 9 Tow	riship 20-S Range 38E			
	CAC TACTIVE CITAL TAC TO CAC			
ESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)	
ame of Authorized Transporter of Oil		D O Day 1302 Houst	on Toyas 77001	
The Permian Corpo	ration	Address (Give address to which approv	ed copy of this form is to be sent)	
ame of Authorized Transporter of Cas	inghead Gas or Dry Gas	Mudiess (Neep transfer		
	`	Table 2 getually connected? Whe	n	
and the liquids	Omit 1 Best	Is gas actually connected? Whe	•	
well produces oil or liquids, we location of tanks.	E 9 20-S 38E			
	th that from any other lease or pool, gi	ive commingling order number:		
this production is commingled with			Plug Back   Same Res'v. Diff. Res'	
OMPLETION DATA		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Hes	
Designate Type of Completion	$\operatorname{on} - (X)$ $\chi$	Re-entry		
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
oate Spudded	1-5-79	7136	7068	
11-27-79	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
levations (DF, RKB, RT, GR, etc.)		7078	6926	
3586 RKB	Drinkard	7070	Depth Casing Shoe	
Perforations	(12 Holos)			
7078-82, 2 CJPF	TUBING, CASING, AND	CEMENTING RECORD		
		DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	421	450	
16	13 3/8		775	
12 ¼	9 5/8	4448 7136	845	
8 3/4	4 ½	7130		
			to all and the second top all	
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be aft	ter recovery of total volume of load oil	and must be equal to or exceed top all	
OIL WELL	able for this dep	pth or be for full 24 hours)  Producing Method (Flow, pump, gas l	ift etc.)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	,,,,,	
<del> </del>			Choke Size	
Length of Test	Tubing Pressure	Casing Pressure	0.000	
Length of Tool			Gan-MCF	
Annual Dani Durton Test	Oil-Bbls.	Water-Bbls.	GGB * MOF	
Actual Prod. During Test				
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Paligni or resc			
		Casing Pressure (Shut-in)	Choke Size	
Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)			
		OH CONCEDI	ATION COMMISSION	
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	14000	
CERTIFICATE OF COME EAST		WAL STATE	J 135U, 19	
مم ممانت بالمريد براي وير	d regulations of the Oil Conservation	APPROVED		
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.		Orig. Signed by		
		BY Serry Sexton		
•		TITLE Dist 1,	SupV.	
		11	compliance with RULE 1104.	
$\sim$ $\sim$ $\sim$ $\sim$	MEA	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the devise tests taken on the well in accordance with RULE 111.		
Ranchy U.	1/4 lens			
1 God of (S)	ignature)			
/		Attacasions of this form	must be filled out completely for a	
District Engineer (Title)		able on new and recompleted were.		
1-7-80		13	+++ IT ICT CHRUSTE UL UN	
(Date)		Fill out only Sections I, II, III, and VI to change of condi well name or number, or transporter, or other such change of condi well name or number. O 104 must be filed for each pool in mul		

(Date)

well name or number, or transported or each pool in multiply

Separate Forms C-104 must be filed for each pool in multiply
completed wells.

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