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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS. 4
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

I. Operator
 Morris R. Antweil

Address
 P.O. Box 2010 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain) GAS MUST NOT BE
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	PLACED ON LEASE 11/1/81
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	UNDER AN EXCEPTION TO R-4070
	Dry Gas <input type="checkbox"/>	IS OBTAINED.
	Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE *East Weir Blinebry R-6698*

Lease Name Albert	Well No. #1	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter B	660	Feet From The North	Line and 1980	Feet From The East
Line of Section 8	Township 20-S	Range 38-E	, NMPM, Lea 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 Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 1589 Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	B 8 20-S 38-E No

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

IV. 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 checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded April 24, 1980	Date Compl. Ready to Prod. September 30, 1980	Total Depth 7,132	P.B.T.D. 6,798					
Elevations (DF, RKB, RT, GR, etc.) 3,572 GR	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5,974	Tubing Depth 5,923					
Perforations 5974-5976, 5978½, 5984, 5985, 5986½, 5988, (16 holes)	Depth Casing Shoe 7,132							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12½	8 5/8 csg.	1500	800 sx- circulated					
7 7/8	5 1/2 csg.	7132	925 sx- Top 3,075'					
7 7/8	2 3/8 tbg.	5923						

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 September 29, 1980	Date of Test September 29, 1980	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 210 PSI	Casing Pressure Pkr	Choke Size 8/64
Actual Prod. During Test	Oil-Bbls. 115	Water-Bbls. -0-	Gas-MCF 127

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.

[Signature]
 Agent
 Dec 1, 1980
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *[Signature]*

TITLE **SUPERVISOR**

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.

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