	HO. OF COPIES RECEIVED					
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	SANTA FE					
	FILE					
	U.S.G.S.					
i	LAND OFFICE					
	TRANSPORTER	OIL				
	THARD ON ER	GAS				
	OPERATOR					
	PRORATION OFFICE					
İ	Operator					
	MORRIS R. ANTWEIL					
	Address			•		
	P. O. Box	2010	, H	obb		
	B / \ / / / / / / / / / / / / / / / / /			•		

	SANTA FE		CONSERVATION COMM. SION	Form C-104			
	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65			
	U.S.G.S.	111711051717101170	AND				
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	OIL						
	TRANSPORTER GAS	1					
	OPERATOR	1					
1.	PRORATION OFFICE						
	Operator						
	MORRIS R. ANTWEIL						
	P. O. Box 2010, Hobbs, NM 88240						
	P. O. Box 2010, Hobbs, NM 88240 Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well X	Change in Transporter of:	Omer (Flease explain)				
	Recompletion	Oil Dry Go					
	Change in Ownership	Casinghead Gas Conder					
	If change of ownership give name and address of previous owner						
		7:1 1 mil	,				
II.	DESCRIPTION OF WELL AND	LEASE		1 - 173 V - 2 - 4 V -			
	Lease Name Ike	Well No. Pool Name, Including F 1 Undesignated		Lease No.			
	Location	1 Ondes ignated	State, rede	ration Fee FC			
		South	ne and 660 Feet From	Fac+			
	Unit Letter I ; 1980	Feet From The South Lin	ne and COU Feet From	The East			
	Line of Section 5 Tow	vnship 20S Range 38	8E , NMPM. Lea	County			
	Ente of Section 5	many 200	oe , www., cea	County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ıs				
	Name of Authorized Transporter of Oil			oved copy of this form is to be sent)			
	The Permian Corporat	ion	P. O. Box 1183, Houst	ton, TX 77001 coved copy of this form is to be sent)			
	Name of Authorized Transporter of Cas		<u> </u>				
	Warren Petroleum Cor	·	P. O. Box 1589, Tulsa				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		hen			
	give location of tanks.	I 5 20S 38E	Yes	August 6, 1981			
		h that from any other lease or pool,	give commingling order number:				
17.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	Designate Type of Completio	on = (X)	X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	May 24, 1981	August 8, 1981	7130'	7060'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	3581' GR	Drinkard	6999'	6865'			
	Perforations	1		Depth Casing Shoe			
	6999'-7031' (14 holes			7130'			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12-1/4"	8-5/8"	1500'	750 SX			
	7-7/8"	4-1/2"	7130'	700 sx			
		2-3/8"	6865'	700 31			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top allow-			
	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	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
	July 3, 1981	August 8, 1981	Flow Casing Pressure	Choke Size			
	Length of Test 24	400	Pkr	11/64"			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
		50	0	260			
i		1					
	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			
		<u> </u>	1	<u> </u>			
VI.	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.		OIL CONSERV	ATION COMMISSION			
			ABBROVED	19			
			APPROVED, 19				
			BY Orig Signed by Les Claiments				
			Les Co	staents as Pap			
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
			This form is to be filed in compliance with RULE 1104.				
	(Signature)		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				
	Production Clerk		tests taken on the well in acc	ordance with RULE 111.			
			All sections of this form must be filled out completely for allowable on new and recompleted wells.				
	October 12, 1981			II, III, and VI for changes of owner,			
00 0000 1E 9 1701			11 44	cabon ough change of condition			

(Date)

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.