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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

I.

Operator MORRIS R. ANTWEIL	
Address P. O. Box 2010, Hobbs, New Mexico 88240	
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 (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name HERMAN	Well No. 3	Pool Name, Including Formation West Nadine Blinebry	Kind of Lease State, Federal or Fee	Fee	Lease No. --
Location					
Unit Letter E	1650	Feet From The North	Line and 660	Feet From The West	
Line of Section 8	Township 20S	Range 38E	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"/>	Address (Give address to which approved copy of this form is to be sent)				
The Permian Corporation	P. O. Box 1183, Houston, TX 77001				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Warren Petroleum Corporation	P. O. Box 1589, Tulsa, OK 74102				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 8	Twp. 20S	Rge. 38E	Is gas actually connected? When Yes June 3, 1982

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 type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 25 April 82	Date Compl. Ready to Prod. 27 May 82		Total Depth 7153		P.B.T.D. 6255			
Elevations (DF, RKB, RT, GR, etc.) 3569' GR	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5899		Tubing Depth 5866			
Perforations 5899-6006 (21 Holes)					Depth Casing Shoe 7153			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1500'		750			
7-7/8"	5-1/2"		7153		650			

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)

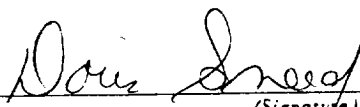
Date First New Oil Run To Tanks 27 May 82	Date of Test 2 June 82	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 60	Casing Pressure Packer	Choke Size 28/64
Actual Prod. During Test	Oil - Bbls. 120	Water - Bbls. 0	Gas - MCF 230

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)

Production Clerk

(Title)

June 8, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 9 1982, 19

BY ORIGINAL SIGNED BY

JERRY ELLISON
DIRECTOR

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.

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