

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I.

Operator MORRIS R. ANTWEIL	
Address P. O. Box 2010, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please specify)
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"/>

**CAUTION: GAS MUST NOT BE
FILED AFTER 9/7/82
UNLESS EXCEPTION TO R-4070
IS OBTAINED.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name LOUIE	Well No. 2	Pool Name, Including Formation West Nadine Drinkard	Kind of Lease State, Federal or Fee	Lease No. --
Location Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>860</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>20-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> 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 <u>L</u>	Sec. <u>5</u>
	Twp. <u>20S</u>	Rge. <u>38E</u>
	Is gas actually connected? <u>No</u> When _____	

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 Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded May 17, 1982	Date Compl. Ready to Prod. July 7, 1982		Total Depth 7150		P.B.T.D. 7110			
Elevations (DF, RKB, RT, GR, etc.) 3583' GR	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6843'		Tubing Depth 6915'			
Perforations 6843-6886' (18 holes)					Depth Casing Shoe 7150			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1500'		750 sx Circ 30 sx			
7-7/8"	5-1/2"		7150'		675 sx TOC 3500'			
	2-3/8"		6915'					

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 July 7, 1982	Date of Test July 13, 1982	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 42	Water - Bbls. 10	Gas - MCF 59.4

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

(Title)

July 14, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 16 1982, 19 _____

BY ORIGINAL SIGNED BY

JERRY SEXTON

TITLE DISTRICT 1 SUPER

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.

RECEIVED
JUL 15 1982
O.C.D.
HOBAS OFFICE

RECEIVED
JUL 15 1982
O.C.D.
HOBAS OFFICE