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SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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 ☒ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐  
Other (Please explain)  
GAS MUST NOT BE USED IN 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 DAISY	Well No. 1	Pool Name, Including Formation West Nadine Blinebry	Kind of Lease State, Federal or Fee	Lease No. --
Location Unit Letter C ; 990 Feet From The North Line and 1980 Feet From The West Line of Section 5 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent.) P. O. Box 1183, Houston, TX 77001			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent.) P. O. Box 1589, Tulsa, OK 74102			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 5	Twp. 20S	Rge. 38E
	Is gas actually connected?		When	
	No		Not planned - gas used as fuel	

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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9 June 82	Date Compl. Ready to Prod. 4 Oct 82	Total Depth 7200'	P.B.T.D. 6320'					
Elevations (DF, RKB, RT, GR, etc.) 3589' GR	Name of Producing Formation Blinebry	Top Oil/Gas Pay 6064'	Tubing Depth 6140'					
Perforations 6064 - <del>6126</del> 6126	Depth Casing Shoe 7200'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/2 7-7/8"	CASING & TUBING SIZE 8-5/8" 5-1/2"		DEPTH SET 1501 7200		SACKS CEMENT 750 650			

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)

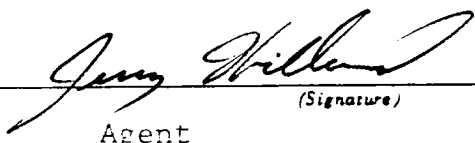
Date First New Oil Run To Tanks 13 Sept. 82	Date of Test 4 Oct 82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil - Bbls. 6	Water - Bbls. 8	Gas - MCF 3.4

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)

October 26, 1982

Date

OIL CONSERVATION COMMISSION

APPROVED Oct 27 1982, 19

BY JERRY SEXTON

TITLE DISTRICT 1 SUPR.

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 Form C-104 must be filed for each pool in multiple

RECEIVED

OCT 26 1982

O.C.D.  
HOBBS OFFICE