

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

1. OF OIL OR GAS	
DISTRICT	
COUNTY	
FILE	
U.S.M.S.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	
DATE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Address Permian Corp.
P.O. Box 670, Hobbs, NM 88240

Reason(s) for filing (check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	FLAMED AFTER <u>2/14/84</u>
	Dry Gas <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4076
	Condensate <input type="checkbox"/>	IS OBTAINED

If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.See Correction

DESCRIPTION OF WELL AND LEASE

Lease Name <u>L. J. Markley</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Hartz Granite Wash</u>	Kind of Lease <u>Fee</u>	Leased
Location <u>D</u> : <u>330</u> Feet From The <u>North</u> Line and <u>650</u> Feet From The <u>West</u>				
Line of Section <u>25</u>	Township <u>21S</u>	Range <u>37E</u>	N.M.P.M. <u>Lea</u>	County

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)
<u>Permian Corp.</u>	<u>Box 3119 Midland TX 79701</u>
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)
<u>None</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>No</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hst'v.	Diff. R
	<input checked="" type="checkbox"/>							
Date Spudded <u>8-20-83</u>	Date Compl. Ready to Prod. <u>11-14-83</u>	Total Depth <u>7680'</u>	P.B.T.D. <u>7490'</u>					
Elevations (DF, RKU, RT, GR, etc.)	Name of Producing Formation <u>Granite Wash</u>	Top Oil/Gas Pay <u>7121'</u>	Tubing Depth <u>7100'</u>					
Perforations <u>7511-7526 (suggested) 7121-7444</u>			Depth Casing Shoe <u>-</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>1327'</u>	<u>520</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>7679'</u>	<u>1690</u>

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 of
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>11-14-83</u>	Date of Test <u>12-1-83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0</u>	Choke Size
Actual Prod. During Test <u>85</u>	Oil - Bbls. <u>6</u>	Water - Bbls. <u>79</u>	Gas - MCF <u>15</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.R. D. Prite

(Signature)

AREA ENGINEER

(Title)

12-9-83

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 13 1983, 19BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devi
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of o
well name or number, or transporter, or other such change of condSeparate Forms C-104 must be filed for each pool in mul
compleated wells.

WELL NAME AND NUMBER S. J. SARKEY'S #1

LOCATION 660' FWL 330' FNL, SEC. 25, T21S, R37E, LEA COUNTY, NEW MEXICO

OPERATOR GULF OIL CORPORATION

DRILLING CONTRACTOR CACTUS DRILLING COMPANY

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>1/4 @ 450</u>	<u>1 1/4 @ 7025</u>	<u> </u>
<u>1/2 @ 950</u>	<u>3/4 @ 7100</u>	<u> </u>
<u>3/4 @ 1328</u>	<u>3/4 @ 7347</u>	<u> </u>
<u>1/2 @ 1763</u>	<u>1 3/4 @ 7680</u>	<u> </u>
<u>1/2 @ 2203</u>	<u> </u>	<u> </u>
<u>3/4 @ 2610</u>	<u> </u>	<u> </u>
<u>3/4 @ 3047</u>	<u> </u>	<u> </u>
<u>1/2 @ 3485</u>	<u> </u>	<u> </u>
<u>1 1/4 @ 3951</u>	<u> </u>	<u> </u>
<u>1 @ 4425</u>	<u> </u>	<u> </u>
<u>1 @ 4897</u>	<u> </u>	<u> </u>
<u>1 @ 5210</u>	<u> </u>	<u> </u>
<u>1 1/4 @ 5680</u>	<u> </u>	<u> </u>
<u>1 1/2 @ 6181</u>	<u> </u>	<u> </u>
<u>1 1/2 @ 6651</u>	<u> </u>	<u> </u>

Drilling Contractor CACTUS DRILLING COMPANY

BY: Debbie Clark
DEBBIE CLARK, OFFICE MANAGER

Subscribed and sworn to before me this 13TH day of SEPTEMBER, 1983

Notary Public

My Commission Expires:

 County

