NO. OF CUPIES SECTIVED			
DISTRIBUTION			
SAHFA FE			
r n.c			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL GAS		
OPERATOR			
BUODATION OF	1	1	

THEW MEXICO OIL CONSCRIVATION COMMISSE REQUEST FOR ALLOWABLE

Thim C-104 Superardes Old C-104 and C-110 Effective 1-1-65

THE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PROBATION OFFICE	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL (-	GAS		
AMOCO PRODUCTION	COMPANY				
P.O. DRAWER A, LEVELLAND, TE					
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well	Change in Transporter of: Oil Dry Gas				
Change in Ownership	Oil Dry Gas Casinghead Gas Condens	77			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND I	LEASE				
Lease Name	Well No. Pool Name, Including Fo		Lease No. No Fee STATE B-1557		
STATE "C", TR, IL					
Unit Letter R: 198	Feet From The SOUTH Line	and 1980 Feet From	The EAST		
Line of Section 2 Tow	mahip 21-5 Range	36-E , NMPM, L	EA County		
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S.			
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	1		
THE PERMIAN CORP. Name of Authorized Transporter of Cas	P, (TRUCKS) singhead Gas ⊠ or Dry Gas □	P.O. BOX 1183, HOUSTON, TEX Address (Give address to which approved copy of this form is to be sent)			
	PANY	BOX 249, HOBBS, N.M., 88240 Is gas actually connected? When			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. J 2 21-5:36-E	Is gas actually connected? When			
·	h that from any other lease or pool,	give commingling order number:			
COMPLETION DATA	Oli Well Gas Well	New Well Workover Deepen	Plug Back Same Hes'v. Diff. Res'v.		
Designate Type of Completion		The Devil	P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.	Total Dopth	F.B.11.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations		<u></u>	Depth Casing Shoe		
		ACHENTING DECODE	<u> </u>		
HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
NOTE SIZE					
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volums of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)					
OIL WELL Date First New Oil Run To Tanks	Date of Test	Preducing Method (Flow, pump, gas l	ift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		Water · Bble.	Gaa-MCF		
Actual Prod. During Test	OII-Bbls.	ndiai - Dbis.			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate		
•		(6) (6)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shuu-iu)	Casing Pressure (Shut-in)	Croke Size		
CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION		
APPROVED (A)		, 19			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given		Orig. Signed by Jela Ruhyan			
above is true and complete to the best of my knowledge and belief. 4 NMocC, HOSBS		Calog ist			
- DIV - SUSPENSE		TITLE	compliance with RULE 1104.		
	nd		walds for a newly diffict or deepened		
(Signature) well, this form must be accome			irdance with MULE 111.		
SENIOR STAFE ASSISTANT		All sections of this form must be filled out completely for allowable on new and recompleted wells.			
APPIL 14, 1977 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					
10	,	τ;			

RECEIVED

ACTUALIST

OIL WILLSON, N. II.