SARTAFE FILE U.S.C.S. LAPP OF FIGE I HAND OUTER	REQUE	REQUEST FOR ALLOWABLE  AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
OPERATOR  FRORATION OFFICE  Operator					
and a second	ooration		•		
525 Midland Tower, I Recentle For thing (Check proper )	Midland, Texas _79701	Other Char			
Mow Well  Recongletion	Change in Transporter of:	F	-se explicitly		
Chauge to Cweetsing X	Castrighead Gas Co	y Gas ( Effe	ective 1/1/77		
If change of orm is hip give tion of address of providus owner	John H. Hendrix, 525	Midland Tower, N	Midland, Texas	79701	
H. DESCRIPTION OF VECLAND	Neil No.   Pool Name, Inclusin	o Econolis			
J. L. Greenwood	10 Drinkar		Kind of Lease State, Federal or Fee	Fee	
	560 Feet From The South	Line and 760	Feet From The	East	
Line of Section 9 T	ownship 22-S Range	37-E , NMP	м, Lea	County	
III. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL	GAS			
Name of Authorized Transporter of O The Permian Corpora	ation Perman (2:.9/1/87)	P. O. Box 1	to which approved copy 183, Houston, T	of this form is to be sent)  exas 77001	
Name of Authorized Transporter of Co Skelly Oil Company	ssinghead Gas X or Dry Gas	Address (Give address	to which approved copy 650, Tulsa, Okl	of this form is to be sent!	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age.	is gas actually connec	EFFECTIV	E JANUARY 31, 1977,	
If this production is commingled w V. COMPLETION DATA	ith that from any other lease or poo	l, give commingling orde	r number: INTO GE	OH COMPANY MERGEI	
Designate Type of Completi		New Well Workover	Deepen Plug Be	ack   Same Resty. Diff. Resty.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.I	D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing	Depth	
Perforations			Depth C	Casing Shoe	
	TUBING, CASING, A	O CEMENTING RECOR	D		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	ET	SACKS CEMENT	
/- TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks		after recovery of total volumenth or be for full 24 hours   Producing Method (Flow	)	e equal to or exce. I top allow-	
Length of Test					
	Tubing Pressure	Casing Fressure	Choke S	20	
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas+MC	F	
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity o	of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Ehut-	in) Choke Si	2.0	
CERTIFICATE OF COMPLIANC	E	OIL C	ONSERVATION CO		
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.		APPROVED	APPROVED		
		BY Crig. Signed by			
1	į	TITLE	erry Sexton Dist 1, Supv.		
Jinon Majet		This form is to be filed in compliance with RULE 1104.			
(Signature) Production Clerk		If this is a request for allowable for a newly drilled or do proced well, this form must be accompanied by a tabulation of the doviction tests taken on the well in accordance with MULE 111.			
(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.			
January 18, 1977 (Date)		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.			