U. U. COPIES REC	EIVEO	i	
DISTRIBUTI			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OF	TIC F		

District Administrative Supervisor (Title)

(Date)

May 22, 1970

NEW MEXICO OIL CONSERVATION COMMIS

Form C-104

FILE		REQUEST FOR ALLOWABLE Supersedes Old C-104 AND Effective 1-1-65				
U.S.G.S.		ALITHOPIZATION TO TR	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE		AUTHORIZATION TO TR	ANSPURT UIL AND NATUR	AL GAS		
	OIL					
IRANSPORTER	GAS					
OPERATOR		-				
PRORATION OF	FICE					
Operator						
Citi	as Service	011 Company				
Address						
Box	69 - Hobbs.	New Mexico 88240				
Reason(s) for filing			Other (Please explain)		
New Well	X	Change in Transporter of:		•		
Recompletion		Oil Dry G	as 🗔	•		
Change in Ownershi	F	Casinghead Gas Conde	ensate			
<u> </u>						
If change of owners						
and address of prev	rious owner					
II. DESCRIPTION O	F WELL AND	LEASE				
Lease Name		Well No. Fool Name, Including F	Formation Kind of	Lease No.		
Brunson C		10 Penrose Ske	State, F	ederal or Fee Fee -		
Location						
Unit Letter	. 66	O Feet From The South Lin	no and 2130 Face	From The East		
Omr Letter	/		reet	rom the		
Line of Section	3 To	wnship 22S Range	37 E , NMPM,	County		
<u> </u>				County		
II. DESIGNATION O	F TRANSPOR	TER OF OIL AND NATURAL GA	AS			
Name of Authorized				approved copy of this form is to be sent)		
The Permian	Corp.		P. O. Box 3119 -	Midland, Texas 79701		
Name of Authorized		singhead Gas or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)		
Skelly Oil (Company		P. O. Box 1650 -	Tulsa. Oklahoma		
If well produces oil		Unit Sec. Twp. Rge.	Is gas actually connected?	Wher.		
give location of tank		P 3 225 37E	Yes	5-15-70		
76.1						
If this production is IV. COMPLETION D.		th that from any other lease or pool,	give commingling order number	:		
		Cil Well Gas Well	New Well Workover Deepe	en Plug Back Same Restv. Diff. Restv		
Designate Typ	oe of Completic	$\operatorname{con} = (X)$		1 1 1		
Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
4-28-70		5-15-70	4000	3956		
Elevations (DF, RKE	RT CR ata	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	, AI, GN, etc.,					
3401 DF		Grayburg	3633	35 12 Depth Casing Shoe		
		•				
Ser	attached :		D CENENTING DECCED	4000		
			CEMENTING RECORD			
HOLE	SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12411		8 5/8"	343	300 (circulated)		
7.7/	/811	5 11	3993	305		
		2 3/8"	3512	Set		
		<u> </u>	i			
V. TEST DATA ANI	REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of loa	d oil and must be equal to or exceed top allow		
OIL WELL			pth or be for full 24 hours)			
Date First New Cil F	tun To Tenks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)		
5-15	<u>-70</u>	5-21-70	Flowing			
Length of Test		Tubing Pressure	Casing Pressure	Choke Size		
24 F	irs.	-80	-	24/64		
Actual Frod. During	Test	Cil-Bbls.	Water - Bbls.	Gas-MCF		
		150	2:0	331		
						
GAS WELL						
Actual Prod. Test-N	CF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pito	t, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
I. CERTIFICATE O	E COMPLIANO	CE	OIL CONS	RXXATION COMMISSION		
OLIVIII IORIL U	. Com Minit		3.2 33.134	PARTION COMMISSION		
T handly newlets the	- استماده مطاه ه	egulations of the Oil Consequation	APPROVED			
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.			0. 101 -			
		BY Old Son Distance Oil & Gas Inspector				
				DISTRICT & Gas Inspector		
			TITLE			
	All the state of the state of			in compliance with RULE 1104.		
(Signature)		S (*)	If this is a request for allowable for a newly drilled or dea			
		well, this form must be acco	ompanied 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 watter

RECEIVED

real of the second of the sec

MAY 25 1970 OIL CONSERVATION CORM. NOVOL. IL IA