

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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  
**Sol West III**  
Address  
**c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**OTHER INFORMATION MUST NOT BE  
PLACED HERE  
FOR INFORMATION TO R4070**

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Gulf Cookie State</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Jalmat</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-229</b>
Location Unit Letter <b>H</b> <b>2310</b> Feet From The <b>North</b> Line and <b>990</b> Feet From The <b>East</b> Line of Section <b>21</b> Township <b>23 S</b> Range <b>36 E</b> , NMPM, <b>Lea</b> 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"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1183, Houston, Texas 77001</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <b>G&amp;H</b>	Sec. <b>21</b>	Twp. <b>23S</b>	Rge. <b>36E</b>	Is gas actually connected? <b>No</b>	When

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 <b>5/2/72</b>	Date Compl. Ready to Prod. <b>6/28/72</b>	Total Depth <b>3446</b>	P.B.T.D. <b>3346</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3454 DF</b>	Name of Producing Formation <b>Seven Rivers</b>	Top Oil/Gas Pay <b>3325</b>	Tubing Depth <b>3255</b>					
Perforations <b>4 holes 3325 to 28 , and 6 holes 3334 to 3339</b>			Depth Casing Shoe <b>3446</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>10 3/4</b>	<b>8 5/8 OD</b>		<b>1407</b>		<b>600</b>			
<b>7 7/8</b>	<b>4 1/2 OD</b>		<b>3446</b>		<b>150</b>			
	<b>2 3/8 OD</b>		<b>3255</b>					

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 <b>June 28, 1972</b>	Date of Test <b>June 30, 1972</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>100 psig</b>	Casing Pressure <b>Pkr</b>	Choke Size <b>3/4</b>
Actual Prod. During Test <b>54.40</b>	Oil - Bbls. <b>54.40</b>	Water - Bbls. <b>121.34</b>	Gas - MCF <b>671</b>

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.

*Wesley Kokes*  
(Signature)

Agent

(Title)

7/5/72

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 6 1972**, 19\_\_\_\_\_  
Orig. Signed by  
BY **John Runyan**  
Geologist  
TITLE \_\_\_\_\_

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.

RECEIVED

JUL 6 1972

OIL CONSERVATION COMM.  
HOBBS, N. M.