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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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-105
Effective 1-1-65

I.

Operator E O B Energy Corporation	
Address 9-D 3600 N. Midland Drive, Midland, Texas 79703	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other <input type="checkbox"/> CASINGHEAD GAS MUST NOT BE FLARED AFTER 2/1/84 UNLESS AN EXCEPTION TO R-4076 IS OBTAINED.	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "20"	Well No. 1	Pool Name, Including Formation Jalmat(Oil)	Kind of Lease State, Federal or Fee State	Lease No. A-983
Location				
Unit Letter B	660	Feet From The North Line and 1980	Feet From The East	
Line of Section 20	Township 23S	Range 36E	NMPM, Lea	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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001	
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	Sec. 20
	Twp. 23S	Rge. 36E
	Is gas actually connected? No	When Jan, 1984

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 Resrv. <input type="checkbox"/>	Diff. Resrv. <input type="checkbox"/>
Date Spudded 10-25-83	Date Compl. Ready to Prod. 12-1-83		Total Depth 3833		F.B.T.D. 3711			
Elevations (D.F., R.A.S., RT, GR, etc.), 3429.3 G.L.	Name of Producing Formation Yates-Seven Rivers		Top Oil/Gas Pay 3536		Tubing Depth 3661			
Perforations 3536-3661 w/15 (Yates-Seven Rivers)					Depth Casing Shoe 3830			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8-5/8		420		300 sx (circ)			
7 7/8	5-1/2		3830		650 sx (circ)			

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 11-28-83	Date of Test 12-1-83	Producing Method (Flow, pump, gas lift, etc.) Pumping (14 x 36 x 1 1/4)	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 20	Choke Size 3/4
Actual Prod. During Test	Oil - Bbls. 51	Water - Bbls. 19	Gas - MCF 80

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back prod)	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.

Amelia A. Brown
(Signature)
President
(Title)
December 5, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 13 1983**, 19_____
BY **ORIGINAL**
TITLE **DISTRICT MANAGER**

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.

Separate Forms C-104 must be filed for each pool in multiple-completed wells.