STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

Operator

Jim Kirkendoll & Baber Well Servicing Co.

Address

P. O. Box 1772, Hobbs, NM 88240

Reason(s) for filing *(Check proper box)*

[ ] New Well

[ ] Recompletion

[X] Change in Ownership

Change in Transporter of:

[ ] Oil

[ ] Casinghead Gas

[ ] Dry Gas

[ ] Condensate

Other *(Please explain)*

If change of ownership give name and address of previous owner _____ Exxon Corporation, Box 1600, Midland, TX. 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
New Mexico "DL" State	6	Cruz-Delaware	State, Federal or Fee	V-732

Location

Unit Letter __P__ : __660__ Feet From The __South__ Line and __660__ Feet From The __East__

Line of Section __18__ Township __23-S__ Range __33-E__ , NMPM, __Lea__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   *TA*

Name of Authorized Transporter of Oil [X] or Condensate [ ] ~~The~~ 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 [X] or Dry Gas [ ] Phillips ~~Petroleum Company~~ *66 Natl Gas*	Address *(Give address to which approved copy of this form is to be sent)* 4001 Penbrook, Odessa, Texas 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	18	23S	33E	yes	6-1-84

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

_____
(Signature)

_____
(Title)

May 17, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED _____ **MAY 3 1 1988** _____, 19 _____

BY _____ Eddie W. Seay _____

TITLE _____ Oil & Gas Inspector _____

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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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