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Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		IO IHA	INSF	OHI OIL	AND NA	TURAL G	<u> </u>				
Operator PermOK Oil, Inc.								191 No. 10251198	5 0031		
Address	·	·									
1550 Wynn Joyce Ro	ad, Suite	202,	LB	11, Gar							
Reason(s) for Filing (Check proper box	;)	Change in	T==-	noster of:		et (Piease expi	am)				
New Well Recompletion	Oil	Change	Dry C		Effect	tive Apr	il 1, 19	93			
Change in Operator	Casinghea	d Gas 🗍	•	ensate							
if change of operator give name	nited Gas	Searc	ch,	Inc., P	.O. Box	151, Tul	sa, OK	74101-0	151		
II. DESCRIPTION OF WELL Lease Name	L AND LEA		Pool	Name, Include	ag Formation			f Lease		ease No.	
Glenn-Ryan	nard Queen State			Federal or Fee NM-7951							
Location	C.E.F	,		3.7		. 198	2		East		
Unit Letter B	:657		Foot I	From The _N		e and	Fe	et From The _	Lasc	Line	
Section 14 Town	ship 26 S	}	Range	. 37 E	, N	MPM,	Lea			County	
III. DESIGNATION OF TRANSPORTER OF Authorized Transporter of Oil		or Conden		ND NATU	RAL GAS	e eddress to w	hich approved	copy of this fo	em is to be se	ent)	
None-Injection We		UI COMOSE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Name of Authorized Transporter of Ca	Address (Give address to which approved copy of this form is to be sent)										
-	Is gas actually connected? When ?										
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuall	y commected?	west	•			
If this production is commingled with the	at from any oth	er lease or	pool, g	ive comming	ing order sum	ber:					
IV. COMPLETION DATA				,			-		o Deste	Diff Res'v	
Designate Type of Completic	on - (X)	Oil Well	ļ	Ges Well	New Well	Workover	Deepen	Plug Back	Same Kesv	piii kesv	
Date Spudded	i. Ready to	Ready to Prod.			Total Depth			P.B.T.D.			
					The Californ Date						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	ray		Tubing Depth			
Performations					<u>i</u>			Depth Casing	g Shoe		
								<u> </u>			
TUBING, CASING AND					CEMENTI			SACKS CEMENT			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SAONS SEMENT		
	DOM DOD A	1100	DIE]			
V. TEST DATA AND REQU OIL WELL (Test must be after	EST FOR A	LLUW!	NDLE of load	I oil and must	be equal to or	exceed top all	owable for this	depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes		-,		Producing M	sthod (Flow, pr	ump, gas lift, e	tc.)			
					Choke Size						
Length of Test	Tubing Pressure				Casing Pressure						
Actual Prod. During Test	Oil - Bbis.	Oil - Bbls.				Water - Bbis.			Gas- MCF		
								<u> </u>			
GAS WELL								TALUE - 25	ander at		
Actual Prod. Test - MCF/D	Length of	osi			Bbls. Conden	sets/MMCF		Gravity of C	OBOCOSSIC		
esting Method (pilot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
esting Method (pitot, back pr.)											
VL OPERATOR CERTIF	CATE OF	COMP	LIA	NCE			ICEDIA	ATION!	טועופור	N	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with a is true and cospplete to the best of n	nd that the information to the control of the contr	mation give d belief.	e abov	re	n-+-	Annrous	الآل ہم	N - 7 19	193		
	/,	1				Approve		UED BY IF	RRY SEXTO)N	
(Lodney Vitter)					ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Signature Rodney Ratheal	Vice	-Pres	iden	t							
Printed Name			Title		Title				<u></u>		
May 28, 1993	214	<u>-271-(</u> Tele	5464 phone								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.