

SANTA FE		
FILL		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PERORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
HIDES OF THE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
FEB 28 11 52 AM '67

Form O-101
Supersedes Old O-101 and O-110
Effective 1-1-65

Operator El Paso Natural Gas Company	
Address P. O. Box 1492, El Paso, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input 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 checked="" type="checkbox"/>
EFFECTIVE MARCH 1, 1967	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Moberly "C"	Well No. 3	Pool Name, Including Formation Rhodes Yates Sh Gas R-6891	Kind of Lease State, Federal or Fee Federal	Lease No. 1-1-82
Location				
Unit Letter E	1980 Feet From The North Line and	660 Feet From The West		
Line of Section 21	Township 26	Range 37	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
THE PERMIAN CORPORATION		P. O. BOX 3119, MIDLAND, TEXAS 79701		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company		2000 Wilco Building Midland, Texas 79701		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 21	Twp. 26	Rge. 37
			Is gas actually connected? XX yes	When April 25, 1958

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	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 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	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
BY _____		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.			
John A. Disch (Signature) Petroleum Engineer (Title) February 21, 1967 (Date)			