40. 27 COPIES ACC	EIVED !		
DISTRIBUTI	ON		
SANTA FE			
FILE			
U.S.C.S.	1		
LAND OFFICE			
IRANSPORTER	OIL	_	
	GAS		
OPERATOR			
		_	

September 23, 1968

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104

Old C-104 and C-110

FILE			AND ALLOWADLE	Effective later	a C+104 and C+1
U.S.C.S.	1	AUTHODIZATION TO TO	AND RANSPORTP ØWL AND NATUR 1143 1111	4. C.	
LAND OFFICE	<del></del>	AUTHORIZATION TO TH	RANSPORT OIL AND NATUR	AL GAS	
		-	· 43 //	PA .	
IRANSPORTER -		-	- 144	0 <i>g</i>	
	AS	<u> </u>			
OPERATOR					
1. PRORATION OFFICE	<b></b>				
Operator	<del></del>				<del></del>
0 - 3	0:1 6				
Address SOI	<u>ar Oil C</u>	Company			
. Addiess		•			<del></del>
P.	0. Box 5	114, Midland, Texas			
Reason(s) for filing (Che	ck proper box	:)	Other (Please explain,	3	
New Well X		Change in Transporter of:	omer () tease explain,	'	
Recompletion					
		<b>–</b> – – – – – – – – – – – – – – – – – –	ias [		
Change in Ownership		Casinghead Gas Cond	ensate	•	
***					<del></del>
If change of ownership and address of previous	give name				
and address of previous	s owner				
tr meconing on on					
II. DESCRIPTION OF W	ELL AND				
Leise Name		Well No. Pool Name, Including	Formation Kind of	Lease	Lease No.
Seeton		1 Teague Bli	nebry State, F	ederal or Fee Fee	1
Location					-1
	1 22	10 N	3(50	_	
Unit Letter <u>R</u>	;23	10 Feet From The North L	ine and 1050 Feet F	From The East	
Line of Section 21	Tov	wnship 23-S Range	37-E , NMPM,	Lea	County
		1000			County
THE DESIGNATION OF THE	سادر ما (دران رام و افتار ما رام الاسان رام و افتار	TER OF OIL AND NATURAL G	• •		
Name of Authorized Tran	enures of OU	or Condensate			
i i i i i i i i i i i i i i i i i i i	aponer 0. O	of Condensate	Address (Give address to which a	approved copy of this form is t	o be sent)
<u>Permian Co</u>	rporatio	n	P. O. Box 3119	Midland, Texa	S
Name of Authorized Tran	sporter of Cas	singhead Gas X or Dry Gas	Address (Give address to which o	approved copy of this form is t	o be sent)
Shell Pipe	lino				
		Unit Sec. Twp. Rge.	P. O. Box 2648	Midland, Texa	<u>s</u>
If well produces oil or lis	uids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.		G 21 23-S 37-E	No No	1	
If this production is cor	nmingled wir	th that from any other lease or pool	give commingling and a number		
IV. COMPLETION DATA		or the first and the state of poor	, give comminging order number:		
		Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Res	'v. Diff. Res'v.
Designate Type of	f Completio	n - (X)		I ray back balle fres	V. Din. nesv.
Date Spudded		X	X		1
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
7-21-68 Elevations (DF, RKB, RT		8-26-68	6400'	63681	
Elevations (DF, RKB, RT	, GR, etc.;	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
· ·		77.		Labing Bopin	
32981 G	Χ	Blinebry	5325		
				Depth Casing Shoe	
<u> </u>	<u>'; 5654'</u>	<u>-5589'; 5541'-5345'</u>		6400'	
		TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	<u> </u>	CASING & TUBING SIZE	DEPTH SET	SACVE CEN	
12-3/4"				SACKS CEM	ENI
		9-5/8"	1053'	400 sx	
8-3/4"		7"	6400'	425 sx	
·		2-3/4"	5890'		
				:	
V. TEST DATA AND RE	مضيئت بضر	NO ATTOURS OF TO	A		
0.4 (0.2.) 4 (1.2.) DWIW WWA WE	.ಅಲ್ಲಾರ್ವ ಕರ		after recovery of total volume of load epth or be for full 24 hours)	loil and must be equal to or e	xceed top allow-
OIL WEIL  Date First New Oil Run T	'n Man's n	Date of Test			
		Date of Test	Producing Method (Flow, pump, go	is lift, etc.)	
8-11-68 Length of Teut		9-7-68	Flow		
Length of Test		9-7-68 Tubing Pressure	Casing Pressure	Choke Size	
1 24 5-0	i	0001	1/00"		į
24 hrs Adjua, Prod. During Test		800非 Cil-Bbls.	1400#	18/64" Gas-MCF	
•		·	Hater - DDIS.	Gds - MCF	
167		123	44		Í
		-			
CAS WELL					
GAS WELL Actual Prod. Tost-MOF/A	5	Longth of Test	Bbls. Condensate/MMCF	C	<del></del> 1
	i	· • · · · · · · · · · · · · · · · · · ·	Date: Condendate/MMCF	Gravity of Condensate	
1					
Testing Method (pitot, ba	ck 2(.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		-			
vi. Osrtificate of c	~ <del>-</del>		II.		
AT OFWITH OWER ON C	UMPLIANO	<u>고</u>	OIL CONSER	RVATION COMMISSION	ł
			H () WILL	2.52	
I hereby certify that the	rules and re	egulations of the Oil Conservation	APPROVED		19
Commission have been	complied wi	ith and that the information given			
above is true and comp	lere to the	best of my knowledge and belief.	BY BY	Money	<del></del>
				and the second second	
	17		TITLE SUPERVISO		
- 2- O	//	4			
1/21/1	An-	11.	This form is to be filed	in compliance with RULE	1104.
	y) rric			llowable for a newly drille	
V	(Signa:	we)	well, this form must be accor	mpanied by a tabulation of	the deviation
Production	Clerk		tests taken on the well in a		
	(Ti:l	e)	All sections of this form	must be filled out complet	ely for allow-
	,	•	able 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. 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.