Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. PermOK Oil, Inc. 300252585700S1 Address 1550 Wynn Joyce Road, Suite 202, LB 11, Garland, TX 75043 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Effective April 1, 1993 Recompletion Oil Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator

United Gas Search, Inc., P.O. Box 151, Tulsa, OK 74101-0151 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Lease Name State, Federal or Fee Glenn-Ryan South Leonard Queen NM-7951 Location 1980 Feet From The North Line and 1980 Feet From The West Unit Letter Line 37 E 26 S Section 13 Township Lea , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate None-Injection Well Name of Authorized Transporter of Casinghead Gas or Dry Gas ____ 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 Sec. Twp. Rgs. Is gas actually connected? When ? If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Soudded Date Compl. Ready to Prod. P.R.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE SACKS CEMENT **CASING & TUBING SIZE** 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Length of Test Casing Pressure Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls.

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
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VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Rodney Ratheal <u> Vice-President</u>

May 28, 1993 1-6464 Telephone

OIL CONSERVATION DIVISION

Date Approved JUN - 7 1993

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR By_

Title_

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.