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Appropriate District Office
DISTRICT 1
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

Operator

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PermOK Oil, Inc.							:	<b>300252</b> 59	81 <del>00S1</del>		
Address 1550 Wynn Joyce I	Road. Sui	te 202	. T.B. 1	1. Gar	land. സ	x 75043					
Reason(s) for Filing (Check proper			, 10 3			het (Please exp	lain)				
New Well	····	Change	ів Тиверс	wter of	~	ner is some exh					
Recompletion	Oil		Dry G		Effec	tive Apr	il 1, 1	993			
Change in Operator		ead Gas				•	•				
f change of operator give name and address of previous operator	United Ga		<del></del>		O. Box	151. Tul	sa. OK	74101-	0151		
L DESCRIPTION OF WI				, _				, 1202	0131		
Lease Name	SEE AND LE		Pool N	ams, Includ	ing Formation	<del></del>	Kind	of Lease	ī	ease No.	
Glenn-Ryan								Federal or Fee NM-7951			
Location D	6	60		<b>X</b>	lorth	. 660	1		Wook		
Unit Letter			_ Feet Fr	om The	orth Lie	e and	, F	eet From The	West	Lin	
Section 13 To	waship 26	S	Range	37 E	, N	мрм,	Lea			County	
O DEGICNATION OF M	A NICDODO		NT 4811	D 314 000	<b></b>						
II. DESIGNATION OF THE Name of Authorized Transporter of	CANSPUKTI	or Conde		MATU		e address to w	hich approved	coor of this t	form is to be s	ent)	
None-Injection W	1 1									<b>,</b>	
Name of Authorized Transporter of	Casinghead Gas		or Dry	Gas 🗀	Address (Gin	e address to w	hich approved	copy of this f	form is to be s	ent)	
if well produces oil or liquids,	1 7 bait	Unit Sec. Twp. Rgs			Is one activati	y connected?	?				
ve location of tanks.					10 800 00000	y community	When				
this production is commingled with	that from any of	her lease or	r pool, giv	comming	ing order aum	ber:					
V. COMPLETION DATA		Oil Wel		as Well	New Well	Workover	Deepen	Dive Back	Same Res'v	Diff Res'v	
Designate Type of Comple		_i	i	A CH	i men men	WOLLOVEI	) Docher	i riug saca	Same Ker	Dill Kes V	
Pale Spudded	Date Com	pl. Ready t	o Prod.		Total Depth		-	P.B.T.D.		<u> </u>	
levations (DF, RKB, RT, GR, etc.)	Name of 1	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
erforations								Depth Casin	g Shoe		
	-	TIBING	CASIN	G AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
MROOM DAMA AND DOO								<u> </u>		·····	
TEST DATA AND REQ							.11 6 - 415	4-4-1-4			
IL WELL (Test must be a) ste First New Oil Run To Tank	fter recovery of to		of load or	i and must		exceed top also thad (Flow, pu			or juli 24 nois	3.)	
ength of Test	Tubing Pre	Tubing Pressure				Æ		Choke Size			
chual Prod. During Test	Oil - Rhie	Oil - Bbls.				Water - Bbls.			Gas- MCF		
	Oil - Buis.										
AS WELL			****				·				
ctual Prod. Test - MCF/D	Leagth of	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
	Dibing Beauty (Shirt in)				Control of the contro			Choke Size			
g Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			CROCE SIZE			
L OPERATOR CERTIF	TCATE OF	COMP	TIANO	TF.				L		<del></del>	
I hereby certify that the rules and n	_				C	IL CON	SERVA	TION [	DIVISIO	N	
Division have been complied with			sa above	1			.10	N - 71	603		
is true and complete to the best of	my knowledge an	d belief.			Date	Approved					
(V.1 (X-H))						ORIGIN	AL SIGNES	BY JERRY	SEXTON		
Godny Jather					By DISTRICT I SUPERVISOR						
Signature Rodney Ratheal	Vice	-Presi	dent		-, _						
Printed Name			Title		Title_						
May 28, 1993 Date	214	1-271-6	464 phone No.								
Late.		1 616	MARKE NO.	1	1						

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.