

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

I. Operator Permian Corp.
Address Box 1710, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) SEE NOTE
ATTENTION TO B-1070

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>W. B. Cuthrie WN</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Jalmat Yates 7R</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>23S</u> Range <u>36E</u> , <u>NMPM</u> Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corp</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183, Houston, Texas</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1384, Jal, N.M.</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>34</u>	Twp. <u>23S</u>	Rge. <u>36E</u>
	Is gas actually connected?		When To be connected when <u>No</u> permanent Btty is installed.	

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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>2/11/80</u>	Date Compl. Ready to Prod. <u>4/1/80</u>		Total Depth <u>3750'</u>		P.B.T.D. <u>3704'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3380.6' GR</u>	Name of Producing Formation <u>Yates 7River</u>		Top Oil/Gas Pay <u>3505'</u>		Taking Depth <u>3470'</u>			
Perforations <u>3505, 18, 23, 29, 54, 58, 87, 89, 3612'</u>					Depth Casing Shoe <u>3750'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>11"</u>	<u>8-5/8" OD</u>		<u>1235'</u>		<u>467</u>			
<u>7-7/8"</u>	<u>5 1/2" OD</u>		<u>3750'</u>		<u>1210</u>			
	<u>2-3/8" OD</u>		<u>3470'</u>					

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)

Date First New Oil Run To Tanks <u>3/11/80</u>	Date of Test <u>5/27/80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hr</u>	Tubing Pressure <u>100#</u>	Casing Pressure <u>Pkr</u>	Choke Size <u>39/64"</u>
Actual Prod. During Test <u>18 Bbls</u>	Oil-Bbls. <u>15</u>	Water-Bbls. <u>3</u>	Gas-MCF <u>352</u>

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

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.

[Signature]
(Signature)
Dist. Drlg. Supt.
(Title)
5/28/80
(Date)

OIL CONSERVATION COMMISSION
JUN 9 1980
APPROVED _____, 19____
BY [Signature]
TITLE DISTRICT

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.
Separate Forms C-104 must be filed for each pool in multiply

FIELD _____ COUNTY Lea OCC NUMBER _____
OPERATOR ARCO Oil and Gas Company ADDRESS P. O. Box 1710, Hobbs, NM 88240
LEASE NAME & WELL NUMBER W. B. Guthrie W. N. #3
SURVEY 1980' FS & EL of Sec. 34, T-23-S, R-36-E

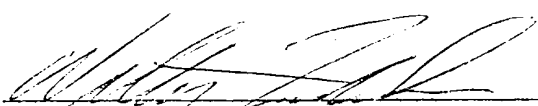
RECORD OF INCLINATION

<u>DEPTH (FEET)</u>	<u>ANGLE OF INCLINATION (DEGREES)</u>
490	1/2
981	1/2
1235	1
1442	1/4
1786	1/2
2096	1 1/2
2285	2
2498	3
2713	3 1/2
2900	3 1/4
3084	2 3/4
3395	1 1/2
3750	1 1/4

Certification of personal knowledge inclination data:

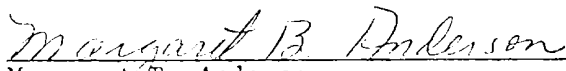
I hereby certify that I have personally assembled the data and facts placed on this form, and such information given above is true and complete to the best of my knowledge.

HONDO DRILLING COMPANY

BY: 
Walter Frederickson
Vice President

Sworn and subscribed to before me the undersigned authority, on this the

25th day of February, 1980.


Margaret B. Anderson

Notary Public in and for Midland
County, Texas.