

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 1-1-65

Operator Kern Co.			
Address 3005 North Big Spring, Midland, Texas 79705			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLAMED AT THE 12/18/83 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
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 type="checkbox"/>		

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

DESCRIPTION OF WELL AND LEASE

Lease Name Eunice Cooper	Well No. 3	Pool Name, Including Formation Langlie Mattix	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter I	660	Feet From The East	Line and 1980	Feet From The South	
Line of Section 11	Township 24-S	Range 36-E	N.M.P.S. Lea	County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Oil Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 11	Twp. 24-S	Rge. 36-E	Is gas actually connected? no	When 90 days

If this production is commingled with that from any other lease or pool, give commingling order number: no

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-16-83	Date Compl. Ready to Prod. 10-4-83	Total Depth 3800	P.B.T.D. 3670					
Elevations (DF, RKB, RT, GR, etc.) 3349 G.L.	Name of Producing Formation Langlie Mattix	Top Oil/Gas Pay 3495	Taking Depth 3645					
Perforations 3595-3670	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8 5/8"	400'	375 sx circulated
7 7/8"	5 1/2"	3800'	800 sx circulated
5 "	2 3/8"	3645'	none

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)

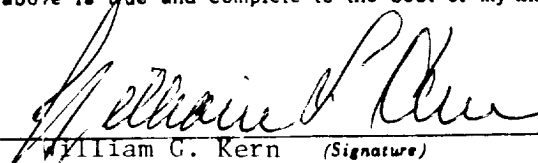
Date First New Oil Run To Tanks 10-8-83	Date of Test 10-8-83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 25 psig	Casing Pressure 330 psig	Choke Size open
Actual Prod. During Test	Oil - Bbls. 6	Water - Bbls. 17	Gas - MCF 5

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


William G. Kern (Signature)
Engineer
10-10-83 (Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 18 1983**, 19
BY **EXTON**
DISTRICT I SUPERVISOR
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.

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

RECEIVED
OCT 14 1983
O.C.D.
HOBBS OFFICE