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

Form C-104
Supersedes OIL C-104 and C-110
Effective 1-1-65

Operator Tahoe Oil & Cattle Company	
Address P. O. Box 7032, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name M. E. Hale State	Well No. 1	Pool Name, including Formation Langlie Mattix 7 River Queen	Kind of Lease State, Federal or Fee State	Lease No. B-2317
Location Unit Letter <u>G</u> , <u>2310</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>2</u> Township <u>25</u> Range <u>37</u> , NMPM, <u>Lea</u> 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 2	Twp. 25	Rge. 37	Is gas actually connected? Yes	Where Unknown

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.
					X	X		X	
Date Spudded 8-5-53	Date Compl. Ready to Prod. 11-25-53	Total Depth 3510		P.B.T.D. 3365					
Elevations (DF, RKB, RT, GR, etc.) 3166 DF	Name of Producing Formation Langlie Mattix 7R Queen	Top Oil/Gas Pay 3090		Tubing Depth 3205					
Perforations 3111-3147 (144 Holes) Open Hole 3175-3365				Depth Casing Shoe 3175					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"	8 5/8" 24#		1120'		350 sx. & Circulated				
7 3/4"	7" 20#		3175'		150 sx.				
6 3/4" O. H.	2 7/8" 6.5# EUE		3205'						

V. 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)

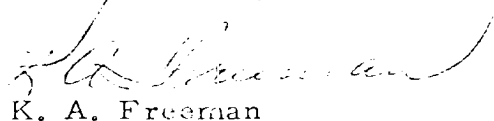
Date First New Oil Run To Tanks 2-15-76	Date of Test 3-1-76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hr.	Tubing Pressure 25#	Casing Pressure 40#	Choke Size None
Actual Prod. During Test 15 Bbls.	Oil-Bbls. 5	Water-Bbls. 10 (Load Water)	Gas-MCF 170 MCF

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.


K. A. Freeman

(Signature)

Petroleum Engineer

(Title)

3/31/76

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 10

BY 

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 1111.

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 well in multiply completed wells.