

FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

REQUEST FOR ALLOWABLE O.G.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
FEB 27 1967

Supersedes Old C-101 and C-112
Effective 1-1-65

I. Operator
El Paso Natural Gas Company
Address
P. O. Box 1002, Midland, Texas
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)
EFFECTIVE MARCH 1, 1967

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Prichard	Well No. 1	Pool Name, Including Formation Jalrat Yates Gas	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter N 660 Feet From The South Line and 1980 Feet From The East Line of Section 15 Township 25 Range 27, NMEM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ THE PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 3119, MIDLAND, TEXAS 79701					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 2000 Wilco Bldg., Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 15	Twp. 25	Rge. 37	Is gas actually connected? X yes	When July 16, 1956

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'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19

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 111.

All sections of this form must be filled out completely for allowable on newly deepened wells.

Fill out only Sections I, II, III, and VI for changes of owner, well, or transporter or other such change of condition.

Petroleum Engineer

February 21, 1967