سم											
	HO. OF COPIES RECEIVED										
	DISTRIBUTION SANTA FE		REQUEST FOR ALLOWABLE						Form C-104		
į								Supersedes Old C-104 and			
	FILE		AND Effective 1-1-65								
ſ	u.s.g.s.		AUTHORIZ	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA							
	LAND OFFICE										
	IRANSPORTER GAS										
	OPERATOR	1 1									
	PRORATION OFFICE										
•	Cperator Petro-Lewis Corporation										
	Address 607 Austin, Levelland, TX. 79336										
ļ	Reason(s) for filing (Check proper box)					Other (Please explain)					
	New Well	J. 5 p. 2. 60 a.,		Change in Transporter of:							
}											
	Recompletion. OII Dry Gas Change in Ownership X Casinghead Gas Condensate										
11.	Lease Name El Paso I		Well No. Pool Name, Inc. Ming Formation				Kind of Lease Lease State, Federal or Fee Federal LC032				
	Location									·	
	Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East										
	Line of Section 23	Tov	waship 25S	Range	37E	, NMPM	· L.	e.a	·	Сс	
II.	DESIGNATION OF TRA	NSPOR'	TER OF OIL AN		AS	ine address	o which appro	ved copy of th	us form is to	he sent	
	T (5# 0 / 1 /97)										
	The Permian Corp. Permian (cli. 9/1/0/1) P. O. Box 3119, Mi Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approx									7970	
	None of Authorized Transpo	mer or Ca	stučitana aga []		Addition 119						
	If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Fige. 0 23 25S 37E					Is gas actually connected? When NO					
	If this production is comm COMPLETION DATA	ingled wi									
	Designate Type of C	Completio	on - (X)	ell Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	tv. Diff.	
	Date Spudded		Date Compl. Read	y to Prod.	Total Dept	h		P.B.T.D.			
	Elevations (DF, RKB, RT,)	GR, etc.,	Name of Producin	g Formation	Top Oil/Gas Pay			Tubing Depth			
	Perforations							Depth Cast	ng Shoe		

Form C-104 Supersedes Old C-104 and C-110

Lease No.

County

79701

Plug Back | Same Res'v. Diff. Res'v.

SACKS CEMENT

LC032579

(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)

Producing Method (Flow, pump, gas lift, etc.)

TUBING, CASING, AND CEMENTING RECORD

CASING & TUBING SIZE

Date of Test

Cil-Bbis.

Tubing Pressure

Length of Test

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.

10 F

1-9-(Date)

(Title)

Tubing Pressure (Shut-in)

HOLE SIZE

Date First New Oil Run To Tanks

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

OIL WELL

Length of Test

GAS WELL

V. TEST DATA AND REQUEST FOR ALLOWABLE

Choke Size Cosing Pressure Gas - MCF Water - Bbls. Gravity of Condensate Bbls. Condensate/MMCF Choke Size Casing Pressure (Shut-in) OIL CONSERVATION COMMISSION APPROVED_ Orig. Signed by John Runyan TITLE _ Geologist -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