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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISS. 4
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 King Resources Company	
Address 300 Wall Towers West, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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

PURSUANT TO THE RULES OF THE AUTHORITY TO PRODUCE
AND TRANSPORT OIL AND NATURAL GAS, THIS AUTHORITY
EXPIRES ON 1-1-65. IF THIS AUTHORITY IS NOT OBTAINED BY
1-1-65, THE OIL AND NATURAL GAS MUST BE OBTAINED BY
1-1-65.

II. DESCRIPTION OF WELL AND LEASE

Lease Name El Paso Federal	Well No. 1	Pool Name, including Formation Justice Blinbry	Kind of Lease State, Federal or Fee Federal	Lease No. LC032579-C
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line of Section 23 Township 25S Range 37E, NMPM, 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"/> The Permian Corp.	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 23	Twp. 25S	Rge. 37E	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-1-68	Date Compl. Ready to Prod. 1-28-69		Total Depth 7361		P.B.T.D. 5720			
Elevations (DF, RKB, RT, GR, etc.) 3074 KB, 3062 GR	Name of Producing Formation Blinbry		Top Oil/Gas Pay 5100		Tubing Depth 5666			
Perforations 5100-5426, (14 holes) 5520-5680 (12 holes)					Depth Casing Shoe 6130			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	8-5/8		1171		430			
7-7/8	5-1/2"		6130		650 SX			
	2-3/8" tbq.		5666					

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 1-28-69	Date of Test 2-1-69	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 22	Tubing Pressure 350	Casing Pressure Pkr	Choke Size 1/4"
Actual Prod. During Test 295	Oil-Bbls. 118	Water-Bbls. 177	Gas-MCF 146

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

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.



District Engineer
(Title)

February 10, 1969
(Date)

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 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.