NO. OF COPIES RECEIVED			
DISTRIBUTION		CONSERVATION COMMI. N	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
U.S.G.S.			
		ANSPORT OIL AND NATURAL	_ GAS
IRANSPORTER OIL		••••••••••••••••••••••••••••••••••••••	A MUST NOT BE
GAS			
PROBATION OFFICE			CLUTION TO R-4070
Operator			
HC 011 Company	Y		
	Midland, Texas 79701		
Reason(s) for filing (Check proper b		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	OII Dry Go		
Change in Ownership	Casinghead Gas Conde		· · · · · · · · · · · · · · · · · · ·
If change of ownership give name	7년의 성가지는 HAS BEEN 이 관련하고 이 위한 전망 ::	PLACED IN THE POOD F YOU DO NOT LUNCHR	1.
and address of previous owner	AL TEM E STO DE LOVALA	E TOU DU NUT E MAUR	
II. DESCRIPTION OF WELL ANI	DLEASE	ormation the Kind of Le	
Elliott "31" Federal	Well No. Pool Name, Including F 1 Dollarhide/E1		eral or Fee edetal LC069052
Location A G			······································
Unit Letter ;	Feet From The <u>1002 Cut</u> Lir	ie and <u>999</u> Feet Fro	om TheOSE
Line of Section 31 T	Cownship 24-S Range	33-E , NMPM, Lea	a County
Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	Address (Give address to which app	proved copy of this form is to be sent)
The Permian Corpo		P. 0. Hox 1123, not	iston, Pexas 77001
-	Casinghead Gas 📉 or Dry Gas 📺	Address (Give address to which ap)	proved copy of this form is to be sent)
Vented		1	
If well produces cil cr liquids,	Unit Sec. Twp. Rge.		When
give location of tanks.		No	
If this production is commingled v IV. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Complet	tion - (X) Cil Well Gas Well	New Well Workover Deepen X	Plug Back Same Restv. Diff. Restv.
0 71	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded 11-18-71	1-31-72	10,250'	10,250'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3125'	Elleaburger	10,223'	10,051
Perforations 10.223' -	10,244' 9 - 3/8" Holes		Depth Casing Shoe
		CEMENTING RECORD	<u> </u>
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/3"	572*	7 2 5 sx.
12 1/4"	9 5/3"	37,01	2000 sx. & 250 sx.
8 3/4	5 1/2"	102501	2325 sx.
V. TEST DATA AND REQUEST : OIL WELL	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load (opth or be for full 24 hours)	oil and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Methci (Flow, pump, gas	tlift, etc.)
1-31-72	2-7-72	Purping	
Length of Test 24 hrs.	Tubing Pressure 40	Casing Pressure	Choke Size
Actual Prod, During Test		40 Water-Bbls.	Gas-MCF
114 Bbls.	86	20	<u>44</u>
l	······································		
GAS WELL		Bbls. Condenscie/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	BDIS. Condenscie/MMCF	Gravity of Condenadie
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		ļ	
I. CERTIFICATE OF COMPLIA	NCE		VATION COMMISSION
		APPROVED MAK	. 19
Commission have been complied	d regulations of the Oil Conservation with and that the information given		file .
above is true and complete to the best of my knowledge and belief.		BY ACC HANG	
		TITLE	Sikief I
		This form is to be filed i	in compliance with RULE 1104.
Low A. M.S. us		If this is a request for al	lowable for a newly drilled or deepened
(George R. McBride) (Si	inature)	well, this form must be accome tests taken on the well in ac	opanied by a tabulation of the deviation cordance with RULE 111.
Admin. Ass't. to Dist.	. Supt.	All sections of this form	must be filled out completely for allow-
(Title) 3-24-72		able on new and recompleted Fift out only Sections I.	II III. and VI for changes of owner,
	Date)	well name or number, or transp	porter, or other such change of condition.
		Separate Forms C-104 m	ust be filed for each pool in multiply

well name or number, or transporter, or other such changes of condition. Separate Forms C-104 must be filed for each pool in multiply