Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

14		IO IR/	4N5P	OHLOI	L AND NA	JUHAL G	AS:				
Operator	•							all API No.			
Charles W	. Kemp										
1701 E. H	iahlan	d		чов	ha No	Morrio	. 00	240			
Reason(s) for Filing (Check proper box)	Ignian	<u>u</u>				w Mexic ner (Please expl		240		·	
New Well		Change in	Transpo	orter of:			•				
Recompletion	Oil		Dry Ga								
Change in Operator	Casinghead	d Gas X	Conder	nsate							
If change of operator give name and address of previous operator								· · · · · · · · · · · · · · · · · · ·			
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, Inclu					ding Formation			Kind of Lease Lease 1			
Arco Jamison Location	Upper Yeso			e, Federal or Fee							
Unit Letter D	9	330		_	Month		0.00				
<u> </u>	: 330 Feet From The				Nort hine and 990			Feet From The West Line			
Section 22 Townshi	p 24-	· S	Range	37	-E , N	МРМ,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATII	RAL GAS						
Plame of Authorized Transporter of Oil		or Conder			Address (Giv	e address to w	hich appro	ed copy of this	form is to be s	ent)	
The Permian Corp.					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 X or Dry Gas					Address (Give address to which approved copy of this form is to be sent) 76102						
Sid Richardson Car	arbon & Gasoline Co.			Co.	First	City Bank	Tower	201 Main S	201 Main St. Ft Worth, Tx		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 22	Twp. 24	Rge. 37	" '	y connected?	Wh	en ?			
f this production is commingled with that				e comming	Yes	ber:		Unkno	wn		
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	0	Jas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	<u> </u>		
Flux (DE DVO DE DE								1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
								Depui Casin	g Shoe		
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					<u> </u>		·				
											
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR AI	LLOWA	BLE								
	covery of lota	il volume o	f load oi	l and must	be equal to or	exceed top allo	wable for t	nis depth or be f	or full 24 how	·s.)	
Sale I had New On Rull 10 1alls	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure				Casing Pressur	re		Choke Size			
Actual Prod. During Test								Ollow Ollo			
retual riod. During lest	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL				1							
Actual Prod. Test - MCF/D	Length of Te	st.			Bbls. Condens	-1- A D (CF		·			
					Dois. Condens	ate/MMCF		Gravity of Co	ondensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
										İ	
I. OPERATOR CERTIFICA	TE OF C	COMPI	LIAN(CE				_ 			
I hereby certify that the rules and regulations of the Oil Consequetion					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Nation 4						
W. 1 F	/				Date /	Approved					
Maller Jemp											
Signature					By Control Signed by Jerry Sexton STRICT I SUPERVISOR						
Printed Name					STRICT I SUPERVISOR						
CHARLES W. A	EMP	T PA	itle	Top	Title_						
Date 11-7-91	392-	53 ^T 2892	pne No.	100			-				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

NOV 1 5 1991

HOSSI GROOM