SANTA FE		FOR ALLOWABLE AND	Form C-164 Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S. AND OFFICE I RANSPORTER GAS OPERATOR	AUTHORIZATION TO TR	ANSPORT OIL AND NATURA	AL GAS
I. PRORATION OFFICE		_	
Operator McCulloch 0il (Corporation		
Address		~ *	
Reason(s) for filing (Check proper	East, Midland, Texas 797(JI Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion Change in Ownership	Off X Dry G Casinghead Gas Conde	· · · · · · · · · · · · · · · · · · ·	For Allowable.
		EASINGHE	AD GAS MUST NOT BE
If change of ownership give nar and address of previous owner_			N EXCEPTION TO R4070
II. DESCRIPTION OF WELL A	ND LEASE	IS OBTAIN	ED.
Lease Name	Well No. Pool Name, Including F		
Arco-Jamison Location	1-Y Fowler (Upper	c Yeso) Sidia, Pe	aderal of Fee Fee
Unit Letter D ;;;;	330 Feet From The North Li	ne and Feet 7	rom The West
Line of Section 22	Township 24S Range	37Е , ммрм , Lea	<u> </u>
			County
I. DESIGNATION OF TRANSP Name of Authorized Transporter of	ORTER OF CLL AND NATURAL GA	AS Address (Give address to which a	pproved copy of this form is to be sent;
Permian Corpora	tion	Box 1183, Houston,	Texas 77001
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent;
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	Wher.
give location of tanks.	D 22 248 37E	No	1
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Compl	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.
3-2-72	3-30-72	6507	6444
Elevations (DF, RKB, RT, GR, etc GL 3265	.; Name of Producing Formation Blinebry	Top Oil/Gas Pay 5478	Tubing Depth
Perforations		5470	5671 Depth Casing Shoe
5503-5822' (26	shots) 0.481" holes		6500
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12½"	8 5/8" OD	1080	500
7 5/8"	<u> </u>	650 5	450
		5671	
. TEST DATA AND REQUEST		fter recovery of total volume of load	oil and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Mothod (Flow, pump, ga	s lift, etc.)
3-31-72	5-1-72 to 5-2-72	Pumping	
Length of Test 24 hrs	Tubing Pressure TP 20 psig	Casing Pressure 25 psig	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
366	166 BO	200 BW	183 MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitc back or.)	Tubing	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE COMPLIA	NCE	OIL CONSER	VATION COMMISSION
•• • •• • •		APPROVED	1 2 1979
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.		and the last	
above is true and complete to	ne best of my knowledge and belief.	SUDERVISOR DISTRICT	
GarellBaund		SUPERVISOR DISTRICT 1 "sub form is to be filed in compliance with RULE 1104.	
All vections of this a must be hid out completely for		must as alled out completely for allow-	
Title) May 4, 197		while on new and recompliant wolld. Fill out only Section	
(Date)		well name or number, or the sporter, or cluter such change of condition. Separate Forms C-10- inust be filed for each pool in multiply	
		• •	ν.

RECEIVED

MUY 1 1972 OIL CONSERVATION COMM. HOBBS, N. M.