NO. OF COPIES RECEIVED			
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SANTA FE			
FILE			,
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPER/TOR			
PROPATION OFFICE			
Operator			

11.

111.

IV.

VI.

(Pate)

SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		
U.S.G.S.  LAND OFFICE  OIL	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (	GAS	
TRANSPORTER GAS				
PROPATION OFFICE				
Doyle Hart	man		····	
Address	10 <b>4</b> 26, Midland, Texas 79	 3702		
Reason(s) for filing (Check proper bo		Other (Please explain)		
New Well  Recompletion  Change in Ownership	Change in Transporter of:  CII Dry Go Casinghead Gas Conder	Gas Hook-up, Des Transporter of O		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND			·	
Terra-Carlson Federal		(Queen-Penrose) State, Federa	Le.iae No.	
Unit Letter ; 3.	30 Feet From The North Lin	ne and 2310 Feet From '	The West	
Line of Section 26 To	wnship 25-S Range	37-Е , <sub>NMPM</sub> , <u>Lea</u>	County	
DESIGNATION OF TRANSPOR		Address (Give address to which appro-	•	
The Permian Corporation Name of Authorized Transporter of Co El Paso Natural Gas Cor	singhead Gas or Dry Gas X mpany	P. O. Box 1183, Houston Address (Give address to which approved P. O. Box 1384, Jal, New York, Provided to the control of the	ved copy of this form is to be sent) PW Mexico 88252	
If well producer oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 26 25S 37E	Yes When 10-01-80		
If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:  New Well Workover Deepen	Plug Back   Same Res'v, Diff. Res'v	
Designate Type of Completi		i dictors.	1 I I I	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Fay	Tubing Depth	
Perforations		<u> </u>	Depth Casing Shoe	
		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST FOIL WELL Date First New Cil Bun To Tonks		fier recovery of total volume of load oil of pth or be for full 24 hours)  Producing Method (Flow, pump, gas life	and must be equal to or exceed top allow-	
			Choke Size	
Length of Test	Tubing Pressure	Casing Pressure	Chora Sila	
Actual Pied, During Test	Oil-Bbls.	Water - Bble.	Gas-MCF	
GAS WELL Actual Frost, Test-MCF/D	Length of Test	Bbls. Cendensate/MMCF	Gravity of Condensate	
Teating Leikos (pitot, back pr.)	Tubing Pressure ( fibut-in )	Cosing Pressure (Shut-in)	Choke Size	
CERTHICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Orig. Signed by  John Renyan  TITLE Geologist		
Ministrative Assistar	ortus)	This form is to be filed in c  If this is a request for silow well, this form must be secompar tests telen on the well in secon	compliance with RULE 1104.  Table for a newly drilled or deepened the by a tabulation of the deviation	
October 8 1980	(le)	able on new and recompleted we	illa.	

Fill out only Sections I. H. III, end 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 committed wells.