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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
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 John L. Cox	
Address P. O. Box 2217, Midland, Texas 79702	
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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Vaca Ridge "4" Fed. Com.	Well No. 2	Pool Name, including Formation Pitchfork Ranch (Atoka)	Kind of Lease State, Federal or Fee	Lease No. Federal NM-16139
Location				
Unit Letter B	660	Feet From The North	Line and 1980	Feet From The East
Line of Section 4	Township 25-S	Range 34-E	NMPM, Lea	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corp.	Box 1183, Houston, TX 77251-1183
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipe Line Co.	Box 1188, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
B 4 25-S 34-E	No Yes 3-17-86
	Estm 3-20-86

If this production is commingled with that from any other lease or pool, give commingling order number: _____

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 1-2-86	Date Compl. Ready to Prod. 2-23-86	Total Depth 13,975'	P.B.T.D. 13,925'					
Elevations (DF, RKB, RT, GR, etc.) 3359' GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 13,896'	Tubing Depth 12,240'					
Perforations 13,896-13,908' w/26 holes	Depth Casing Shoe 13,975'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	630'	600 sx circ1					
12-3/4"	9-5/8"	5100' w/DV @1500'	1325 sx(circ 1st					
8-3/4"	7"	13,250'	2200 sx stage)					
6-1/4"	4-1/2"	13,975' (top Lnr @12	220') 225 sx.					

IV. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL	Actual Prod. Test-MCF/D 3.9 MMCF	Length of Test 10 hrs	Bbls. Condensate/MMCF 24	Gravity of Condensate 55°
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 6100# psi	Casing Pressure (Shut-in) 0-Packer	Choke Size 20/64"	

V. 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.


(Signature)
Martha Wittenbach, Production Mgr.
(Title)

3/7/86

OIL CONSERVATION COMMISSION

APPROVED **DEC 7 1987**, 19_____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
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.

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