

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE FILE	
U. S. S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATION	GAS
PRODUCTION OFFICE	
Operator	

Permian Brine Sales, Inc.

Address

P.O. Box 1591 Odessa, Texas 79760

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Coatinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

The Permian Corporation, Box 3119, Midland, Texas 79701

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Arnett Ramsey	2	Wildcat-Brine	State, Federal or Free State	M14474
Location				
Unit Letter	P	165 Feet From The South Line and	165 Feet From The East	
Line of Section	16	T. 25S	Range 37E	LEA
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Brine well						
Name of Authorized Transporter of Coatinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually collected?	When

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

COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth						
	January 15, 1964	2030'						
Formation (Oil, K.H.B., K.I., Gk., etc.)	Name of Producing Formation	Top Oil/Gas Pay						
3150 GR	Salt							
Information								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 3/4	7 1/2"-20#	1100.26	150 sx
	2 7/8"-6.7#	2000	Open Hole

TEST DATA AND REQUEST FOR ALLOWABLE (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)

Well Name (Oil, K.H.B., K.I., Gk., etc.)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Brine Well		
Length of Test	Tubing Pressure	Casing Pressure
		Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

GAS WELL

Actual Prod. (Oil, K.H.B., K.I., Gk., etc.)	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Brine Well			
Casing Pressure (Shut-in)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

Only signed by
Judy Saiter
J. L. Saiter

This form is to be filed in compliance with N.M.C. 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 in the well in accordance with N.M.C. 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Form C-104 must be filed for each pool in multiply completed wells.