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TRANSPORTER OIL	/	
TRANSPORTER 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-1
Effective 1-1-65

RECEIVED

MAY 24 1979

O. C. C.
ARTESIA, OFFICE

Operator
Holly Energy Inc. ✓

Address
Box 726, Artesia, N. M. 88210

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Designate
Oil [ ] Dry Gas [ ]
Casinghead Gas [X] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
McIntyre B	3	Grayburg - Jackson	Federal	LC-06099

Location
Unit Letter L ; 1650' Feet From The South Line and 990' Feet From The West

Line of Section 20 Township 17-S Range 30-E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Navajo Refining Company - Pipeline Div.
Address (Give address to which approved copy of this form is to be sent)
Box 159, Artesia, N. M. 88210

Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ]
Phillips Petroleum Co.
Address (Give address to which approved copy of this form is to be sent)
Phillips Bldg., Odessa, Texas 79760

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	20	17-S	30-E	yes	5-23-79

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-19-78	5-20-78	3465' KB	3439' KB
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3621 GR	Seven Rivers-1 SanAndres	1659'	3389' KB
Perforations 1659-62, 1692-96, 1808-12, 1818-22, 1898-1902, 2988-3000, 3178-82, 3244-54, 3294-3305, 3310-14, 3328-33, 3414-20			Depth Casing Shoe 3465' KB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼	8 5/8	478' KB	300 sx Class C 2% cacl.
7 7/8	5½	2778' KB	300 sx Class C, 275 sx Class H, w/5# salt & #3 sand per sx

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-23-78	6-1-78	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours			
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
78	55	23	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**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 Commission have been complied with and that the information given herein is true and complete to the best of my knowledge and belief.

Robert E. Loyd Robert Loyd
(Signature)

Production Foreman
(Title)

5-23-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 24 1979, 19

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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.

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.