Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MAY - 8 1 See Instructions

MAY - 8 1 Hiptiom of Page

O. C. D. ARTESIA, OFFICE

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

			BLE AND AUTHOR				
loom to c	IOTR	ANSPORT OI	L AND NATURAL C		DI NIA		
perator Wagtall S Ma	clr /			Well A	79		
W⊕stall & Ma: ddress	SK /				015-2657		
Box 234 Loco HI.	11s NM 88	255					
eason(s) for Filing (Check proper box)			Other (Please exp	olain)			
lew Well		in Transporter of:					
ecompletion	E-7	Dry Gas					
hange in Operator	Casinghead Gas	•					
change of operator give name				· · · · · · · · · · · · · · · · · · ·			
d address of previous operator							
. DESCRIPTION OF WELL	AND LEASE						
e Name Well No. Pool Name, Include				of Lease Lease N			
Hinkle "B" Feder	al 21	L 21 Shugart		MA(eXI	edcialXXIX&X	Lc29392-b	
ocation	0010	•		000			
Unit LetterE	:2310	_ Feet From The $\frac{N}{2}$	Iorth Line and	990 Fee	t From The	West	Line
	10 0						
Section 34 Townsl	_{hip} 18 S	Range 31 E	, NMPM,	Eddy			County
I. DESIGNATION OF TRA							
ame of Authorized Transporter of Oil	or Cond	ensate	Address (Give address to			•	}
Navajo			N.Freeman, Artesia NM 88210				
lame of Authorized Transporter of Casi	inghead Gas	or Dry Gas	Address (Give address to			•)
Phillips			4001 Penbroc			762	
well produces oil or liquids, we location of tanks.	Unit Sec.		. Is gas actually connected?	When			
		l 185 31E		J	4/25/91		
this production is commingled with the V. COMPLETION DATA	it from any other lease of	or pool, give comming	gling order number:				
. COM LETION DATA	Louis						
Designate Type of Completion	n - (X) Joil W	ell Gas Well	:	Deepen	Plug Back Sa	me Kes'v	Diff Res'v
ate Spudded	Date Compl. Ready	to Prod	Total Depth	_1l			
•	1				P.B.T.D.	2700	*
2/14/91 4/17/91 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			4500 Top Oil/Gas Pay	Top Oil/Gas Pay Tubing Depth		3792	
			2694		ruoing Depih		
3619 Gr.	ı seven Kl	AGTR	1 4054		Depth Casing S	2775	
2694-2757					-1		00
2034-4131	THRING	G CASING AND	CEMENTING RECO	RD	!		, , , ,
HOLE SIZE		TUBING SIZE	DEPTH SE		QA/	CKS CEMEN	JT
121/4	8 5/8	• • • • • • • • • • • • • • • • • • •		790		500 Circulated	
7 7/8		4½		4500		900 Circulated	
	-1		1500		300 011	Caracc	·
. TEST DATA AND REQUI	EST FOR ALLOV	VABLE			l		
			st be equal to or exceed top a	llowable for this	depth or be for	full 24 hours.	.)
Pate First New Oil Run To Tank	Date of Test		Producing Method (Flow,				
4/19/91	1	/25/91	Pump	. = •			
ength of Test	Tubing Pressure		Casing Pressure		Choke Size		
24	_	20	30		1	n	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF		
		20	Tr.			40	
GAS WELL					· ····································		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Con	densate	······································
			Sola Concensationality		Stavity of Coll		
esting Method (pitot, back pr.)	Tubing Pressure (Si	hut-in)	Casing Pressure (Shut-in)		Choke Size		
g		··,	Swame i ressure (smucili)		CHORE DIE		
A ODED ATOD ORDERE	CATE OF CO	ADI LA NICE	-11		1		
I. OPERATOR CERTIFI				NSFRV	ATION D	IVISIO	N
I hereby certify that the rules and reg Division have been controlled with an	parations of the Oil Con-	servation given above					
Division have been complied with an is true and complete to the best of the	y knowledge and belief			•	MAY 1	0 1991	
	7//		Date Approv	red	11111 -		
	Le						
Signiflure /	1		By	RIGINALS	GNED BY		
$P \mathcal{N} \mathcal{D} \mathcal{U}$.	-		By ORIGINAL SIGNED BY MIKE WILLIAMS				
Plantall L. Harris	S A	gent	Title SUPERVISOR, DISTRICT IT				
5 76/91	505/	677–2370	II ''''	I TIME SOI ERVISOR, DISTRICT I			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.