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	GAS	<input checked="" type="checkbox"/>	
OPERATOR		<input checked="" type="checkbox"/>	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

REQUEST FOR ALLOWABLE  
**RECEIVED BY**  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**MAR 07 1986**  
**O. C. D.**  
ARTESIA, OFFICE

Operator Liberty Oil & Gas Corporation

Address P.O. Drawer 810, New Roads, Louisiana 70760

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Doris Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Burton Flat- Atoka</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-15873</u>
Location				
Unit Letter <u>J</u>	<u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>			
Line of Section <u>26</u>	Township <u>20S</u>	Range <u>28E</u>	<u>NMPM</u>	County <u>Eddy</u>

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
<u>Llano, Inc.</u>	<u>P.O. Box 1320, Hobbs, New Mexico 88240</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>J</u> Sec. <u>26</u> Twp. <u>20S</u> Rge. <u>28E</u>	Yes <u>2-25-86</u>

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)				(X)		(X)
Date Spudded <u>7/28/83</u>	Date Compl. Ready to Prod. <u>2/26/86</u>	Total Depth <u>11,620'</u>	P.B.T.D. <u>11,130'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3263.5' GR</u>	Name of Producing Formation <u>Atoka</u>	Top Oil/Gas Pay <u>10,952'</u>	Tubing Depth <u>10,991'</u>					
Perforations <u>10,952-10,958(2 SPF), 11,022-11,030(2 SPF)</u>			Depth Casing Shoe <u>11,619'</u>					

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	621'	640 sx
12 1/4"	9 5/8"	2900'	1125 sx
7 7/8"	5 1/2"	11619'	975 sx(2 stages)
5 1/2"	2 3/8"	10991'	

**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 <u>1,179</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pitot, back pr.) <u>back pr.</u>	Tubing Pressure (shut-in) <u>2720 psi</u>	Casing Pressure (shut-in) <u>pkr</u>	Choke Size <u>CAOF</u>

**VI. 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.

Levy W. Franklin  
(Signature)  
Agent  
(Title)  
3/5/86  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED MAR 12 1986, 19 \_\_\_\_\_  
Original Signed By  
BY Les A. Clements  
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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.