Submit 5 Copies
Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210

State of New Mexico J gy, Minerals and Natural Resources Departm Form C-104
Revised I-1-89
See Instructions at Bottom of Page

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AREGENERICAL GAS

Operator	I	O ITAI	NOF	וט וחכ	L WINDAM	TRUSTIAL C					
Sylvite Cor;		FFN				API No.					
Address											
6966 S. Utic		Oklaho	oma 7	4136	O. C.						
Reason(s) for Filing (Check proper bo.  New Well	-	· · ·			[], Dr	net (l'heuse exp	olain)				
l —		Change in 7	-								
Recompletion	Oil Dry Gas										
Change in Operator  If change of operator give name	Casinghead	Gas [ ]	Condens	sate [_]				<del></del>			
and address of previous operator							W. 11.		- · · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WEL	L AND LEAS	SE	$\mathcal{C}$	ο ΛΛ	( Sour						
Lease Name	,	Well No. Pool Name, Include			ling Formation			Kind of Lease No.			
Hagerman 14		1 Wildest			- Delaware			Male, Federal of Fee Fee			
Location									<del></del>		
Unit LetterG	:1650	' F	Feet From	m The <u>l</u>	lorth Lin	the and $\frac{163}{}$	<u>50</u> r	eet From The.	East	Line	
Section 14 Town	ship 23S	10	Danas	27E	<b>.</b>	I (D) (	711				
Joseph - 1 Town	<u> 230</u>		Range	2/6	, N	МРМ,	Eddy	7		County	
III. DESIGNATION OF TRA	<u> NSPORTER</u>	OF OIL	AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil	ه اتا ه	r Condensa			Address (Gi	ve address to w	hich approve	d copy of this f	orm is to be s	ens)	
Pride Pipeline C					12300 I	Ford Road	l, Ste.	348, Dal	las, TX	75234	
Name of Authorized Transporter of Ca	singhead Gas	o	r Dry G	ias [	Address (Gi	ve address to w	hich approve	d copy of this fo	orm is to be s	ent)	
If well produces oil or liquids,	Unit S	ec. T	wp.	l Pas	Is gas actually connected? When			?			
give location of tanks.	I G I	•	23s i	<b>Rge.</b>   27E							
If this production is commingled with the							J <u>.</u>				
IV. COMPLETION DATA	-	•							***************************************		
Designate Transaction		Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic		X	<u> </u>		Х	j	i '				
Date Spudded	Date Compl.	-	rod.		Total Depth		- <del></del>	P.B.T.D.		I	
1-4-92		7 Feb. 92				5820' Top Oil/Gas Pay			5761'		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Pay		Tubing Dept	Tubing Depth		
3112. 4 GR	Brushy Canyon (Delaware				)	5432 <b>'</b>			5308		
								Depth Casing	g Shoe		
5432-5593						· · · · · · · · · · · · · · · · · · ·			5820 <b>′</b>		
					CEMENTI	NG RECOR	D				
HOLE SIZE	CASIN	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
12 1/4"		8_5/8"			575'			4508X Post ID-2			
7 7/8"		5 1/2"				5820 <b>'</b>			908sx 3-13-92		
									comp & BK		
. TEST DATA AND REQUI	EST FOR AL	LOWAR	LE			· · · · · · · · · · · · · · · · · · ·		<u> </u>		<u> </u>	
OIL WELL (Test must be after				and must	he equal to or	exceed ton allo	uuahla far thi	a danih ar ha G	6.11 24 h	1	
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	mp. eas lift.	s aepin or be jo	r juli 24 nou	rs.)	
3 Feb 92		7 Feb 92					4, 900 141, 6	,			
ength of Test		Tubing Pressure				w re		Choke Size			
24 Hrs.	1 -	140			925						
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			16/64" Gas- MCF			
97 B.F.	22	22			75			100			
GAS WELL			<del> </del>	1				188	····		
Actual Prod. Test - MCF/D	Length of Test	i			Bbls. Condens	sate/MMCF		Gravity of C	andencote		
								Gravity of Condensate			
esting Method (pitot, back pr.)	ing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressu	re (Shut-in)		Choke Size	Choke Size		
I. OPERATOR CERTIFIC	CATE OF C	OMPLI	ANC	E				<del></del>			
I hereby certify that the rules and regi						IL CON	<b>ISERV</b>	ATION E	DIVISIO	N	
Division have been complied with an	d that the informat	ion given a	bove		1						
is true and complete to the best of my	knowledge and b	elief. /	1	1	Date	Approved	d l	APR 1 0	1992		
$\Lambda$ $\Lambda$ $\Lambda$ $\Lambda$ $\Lambda$	h 0%.	in n la	· . b		Jano	rippioto	<u> </u>				
~ Camples	by M	in we	ull	<u>4</u> 1	D.,	Δn	DINIAL O	101122 =	• 1		
Signature D.G. Campbell President					II DY UNIGNAL SIGNED MY						
Printed Name					MIKE WILLIAMS THE SUPERVISOR DISTRICT IS						
2/18/92 418-494-603					Title SUPERVISOR, DISTRICT IS						
Date		Telepho	ne No.								
						·				7.	

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

- 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.
- 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.