

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104

RECEIVED BY

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O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

WAYNE MOORE

403 N. Marienfeld, Midland, Texas

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11-4-84
UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name DELAWARE RIVER UNIT	Well No. 2	Pool Name, including Formation WILDCAT (MOR-?) Delaware	Kind of Lease Federal State, Federal or Fee State	Lease No.
Location Unit Letter E : 1980 Feet From The N Line and 990 Feet From The West Line of Section 11 Township 26S Range 28E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Producer or Owner of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> EOTT Energy Corp. Effective 1-1-93	Address (Give address to which approved copy of this form is to be sent) 3 Riverway, Suite 950, Houston, Texas 77210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EOTT Energy Corp. Effective 1-1-93	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. E 11 26S 28E
Is gas actually connected? When	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/10/84	Date Compl. Ready to Prod. 8-10-84	Total Depth 4954	P.B.T.D. 4954					
Elevations (DF, RAB, RT, GR, etc.) 2972 GL	Name of Producing Formation Delaware/Cherry Canyon	Top Oil/Gas Pay 4467	Tubing Depth 4220					
Perforations 4467-70-73-76-78-80-82-4601-03-05-07-09			Depth Casing Shoe 4954'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8 64 lb	401'	425 Sx
12 1/4"	8 5/8" 24 lb	2459'	200 Sx
7 7/8"	5 1/2" 15.5	4954'	775 Sx
	2 3/8	4220	

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 8/10/84	Date of Test 8/10/84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure Pumping	Casing Pressure 0	Choke Size -
Actual Prod. During Test 65 BBLS	Oil-Bbls. 15	Water-Bbls. 50	Gas-MCF 25 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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)
Co-Owner

(Title)

8/22/84

(Date)

OIL CONSERVATION DIVISION

APPROVED **AUG 31 1984**

BY **Original Signed By**
Leslie 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 Form C-104 must be filed for each pool in multiple completed wells.