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LAND OFFICE				
IRANSPORTER	OIL			
	GAS	1		
OPERATOR		13		
PRORATION OFFICE				

Charles W. Sanders

Area Production Manager
(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

FILE /		AND	
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS
LAND OFFICE	,		IBCO PETROLEUM CORP.
TRANSPORTER GAS /			JBCO PETROLEUM CORF. SED INTO MESA PETROLEUM CO. SEPECTIVE MAY 1, 1973
OPERATOR 3		PL	JECO TE MESA PETRO SED INTO MESA PETRO SEPRECTIVE MAY 1, 1973
PRORATION OFFICE		MERC	SED "SEFECTIVE MA
Operator			
•	oleum Corporation		
Address			
P. O. Box	869, Albuquerque, New Me	xico 87103	
Reason(s) for filing (Check proper box,		Other (Please explain)	
New Well	Change in Transporter of:	Com	
Recompletion	Oil Dry Gas	s X	
Change in Ownership	Casinghead Gas Conden	sate	
		•	
If change of ownership give name and address of previous owner			
•		·	
DESCRIPTION OF WELL AND	LEASE Lease No. Well No. Pool Nar	ne, Including Formation	Kind of Lease
Lease Name	_		State, Federal or Fee Federal
Buttram Federal	SF 079296 5 Oter	o Chacra	redelai
Location	2 .1	055	T 4
Unit Letter P; 79	O Feet From The South Line	e and <u>855</u> Feet From '	The <u>Rast</u>
19 To	wnship 26N Range	6W , NMPM,	Rio Arriba Coun
Line of Section To	vnship ZON Range	, IXIII	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)
None			
Name of Authorized Transporter of Car	singhead Gas or Dry Gas 🔀	Address (Give address to which appro	ved copy of this form is to be sent)
El Paso Natural		P. O. Box 1492, El Paso	, Texas 7 9999
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en .
give location of tanks.		No	
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA			Telegraphic Designation
D : T - d Clot:	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Re
Designate Type of Completion		X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/13/72	11/27/72	3850'	3816 Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	1	Top O!!/Gas Pay	
6444 ' GL	Otero Chacra	3518'	3566 Depth Casing Shoe
Perforations 3518-24, 3529-46, 35	00.3601 361022		3845.98'
3318-24, 3323-40, 33		D CEMENTING RECORD	3013.70
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	142.00	100 sxs.
6-3/4"		3845.98	790 sxs.
0-3/4	3-1/2"	3566	
	1-1/4	1	
THE PART AND DECYLEST F	OR ALLOWABLE (Test must be a	ofter recovery of total volume of load oil	and must be equal to a exceed top a
OIL WELL	able for this de	epin or de jor juit 24 nours,	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.) OT .IVED
			/ KLULI!
Length of Test	Tubing Pressure	Casing Pressure	Choke Size JAN 31 1973
			JAN 31 1310
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF CON COM.
			OIL CON. COM.
			Dist.
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1461	3 hrs.		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pressure	103		
CERTIFICATE OF COMPLIAN	ICE	= ' '	ATION COMMISSION
			JAN 3 1 1973 19
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	
Commission have been complied	with and that the information given he best of my knowledge and belief.		py Emery C. Arnord
above is tide and complete to the		10	ISOR DIST. #3
(n. 1. 1.	•	This form is to be filed in	compliance with RULE 1104.
(Chipshi The	inder	ve attacks a sequent for alle	wable for a newly drilled or deer
(Sig	nature)	well this form must be accomp	anied by a tabulation of the devi-

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.