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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator Pioneer Production Corp.	
Address Box 208, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maxey	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed NM	Lease No. 013885
Location				
Unit Letter <u>C</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1690</u> Feet From The <u>West</u>				
Line of Section <u>24</u> Township <u>29N</u> Range <u>12W</u> , NMPM, <u>San Juan County, NM</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1528, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>24</u>
	Twp. <u>29N</u>	Rge. <u>12W</u>
	Is gas actually connected? <u>No</u> When	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. 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					
Date Spudded 2-25-80	Date Compl. Ready to Prod. 5-21-80		Total Depth 6400'		P.B.T.D. 6342'			
Elevations (DF, RKB, RT, GR, etc.) 5544' GL	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 6318		Tubing Depth 6013'			
Perforations 6318, 6320, 6322, 6324, 6326, 6328, 6330					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		486' RKB		280 SX			
7-7/8"	4-1/2"		6399' RKB		970 SX			
	1-1/4"		6013' RKB					

V. 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
		OIL CON. COM. DIST. 3	

GAS WELL

Actual Prod. Test-MCF/D 138	Length of Test 8 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) 2" Critical Flow Prover	Tubing Pressure (Shut-in) 730	Casing Pressure (Shut-in) 730	Choke Size

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.

Jim L. Jacobs

(Signature)

Agent

(Title)

8-7-80

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 14 1980, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT 3

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.