

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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

Operator
NRM Petroleum Corporation

Address
600 W. Illinois, Suite 800 - Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain) GAS MUST NOT BE FLARED AGAIN 4/1/84 UNLESS AN EXCEPTION TO R-4076 IS OBTAINED.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name State 8	Well No. 1	Pool Name, including Formation Chaveroo (San Andres)	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter I ; 1787 Feet From The South Line and 660 Feet From The East Line of Section 8 Township 7S Range 34E , NMPM, Roosevelt County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Western Oil Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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: I Sec.: 8 Twp.: 7S Rge.: 34E Is gas actually connected? no When: do not know

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

III. 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 12-14-83	Date Compl. Ready to Prod. 1-24-84	Total Depth 4400'	P.B.T.D. 4300'					
Elevations (DF, RKB, RT, GR, etc.) 4315.8 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4234'	Tubing Depth 4265'					
Perforations 4234' - 4245' 4259' - 4270'			Depth Casing Shoe 4397'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	1818'	750 sxs
7 7/8"	4 1/2" 10.50#	4397'	1580 sxs
----	2 3/8" 4.7#	4265'	----

IV. 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 1-26-84	Date of Test 1-31-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test 12	Oil-Bbls. 12	Water-Bbls. 0	Gas-MCF 8

GAS WELL

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

V. 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.

Allen Hunt
 (Signature)
 Production Superintendent
 (Title)
 February 2, 1984
 (Date)

OIL CONSERVATION COMMISSION
FEB 6 1984

APPROVED _____, 19____

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

TITLE _____

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 deviator 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.

