

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

I. Operator
Kaneb Operating Company, Ltd.

Address
400 Wilco Bldg., Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jones 34 Federal	Well No. 1	Pool Name, Including Formation East Morton-Wolfcamp	Kind of Lease Fed.-minerals State, Federal or Fee Fee-surface	Lease No.
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>2130</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>14S</u> Range <u>35E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Production Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 591, Tulsa, OK. 74102					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK. 74101					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 34	Twp. 14S	Rge. 35E	Is gas actually connected? Yes	When 7-7-87

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-26-86	Date Compl. Ready to Prod. 7-5-87		Total Depth 10,520'		P.B.T.D. 10,520'			
Elevations (DF, RKB, RT, GR, etc.) 4002' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,511'		Tubing Depth 10,353'			
Perforations 10,500' - 10,520' Open Hole					Depth Casing Shoe 10,500			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		451'		475 sx.			
12-1/4"	9-5/8"		4696'		2060 sx.			
7-7/8"	5-1/2"		10,500' (see below)		400 sx.			
DV tool at 5990'					300 sx.			

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 5-9-87	Date of Test 7-15-87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 160	Casing Pressure 0	Choke Size 12/64"
Actual Prod. During Test	Oil-Bble. 59	Water-Bble. 36	Gas-MCF 33

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.


(Signature) Ken Sneed
Assistant Division Production Manager
(Title)
July 30, 1987
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 3 1987, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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.