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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

| | | |
|--|---|-------------------------------------|
| Operator <u>W.A. Moncrief Jr.</u> | | Well API No. <u>30-025-30554</u> |
| Address <u>MONCRIEF BLDG. 9th & Commerce FT. WORTH TEX 76102</u> | | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <u>505 bbls oil on hand in test tank just allowable - May 1989</u> | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator _____ | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|--|--|----------------------------|
| Lease Name <u>YATES STATE</u> | Well No. <u>2</u> | Pool Name, Including Formation <u>NORTH EAST ARLINGTON PENN. STRAWN</u> | Kind of Lease <u>(State) Federal or Fee</u> | Lease No. <u>V-0119</u> |
| Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>FWL</u> Line and <u>510</u> Feet From The <u>E</u> Line Section <u>30</u> Township <u>16S</u> Range <u>37E</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"/> <u>J.M. Petroleum Corp.</u> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>PHILLIPS 66 NATURAL GAS CO.</u> | 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. | Is gas actually connected? | When? |
| | | <u>30</u> | <u>16S</u> | <u>37E</u> | <u>No</u> | |

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 |
| | | | <input checked="" type="checkbox"/> | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) <u>38176L 3830KB</u> | Name of Producing Formation <u>STRAWN</u> | | Top Oil/Gas Pay | | | Tubing Depth <u>8006</u> | | |
| Perforations <u>11145 - 11212</u> | | | | Depth Casing Shoe <u>11300</u> | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 Tank | 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 |

GAS WELL

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

VI. OPERATOR 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.

Randy Carwile
Signature
RANDY CARWILE
Printed Name
5/14/89
Date
PROD. Supt.
Title
917-599-5480
Telephone No.

OIL CONSERVATION DIVISION

MAY 16 1989

Date Approved _____
By _____
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.