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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

**CASINGHEAD GAS MUST NOT BE  
FLARED AT THE 9/22/72  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.**

**I. PRORATION OFFICE**

Operator  
Walter W. Krug DBA Wallen Production Company

Address  
308 North Colorado Street, Suite # 4, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well       Change in Transporter of:

Recompletion       Oil       Dry Gas

Change in Ownership       Casinghead Gas       Condensate

Other (Please explain)

If change of ownership give name and address of previous owner \_\_\_\_\_

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Wallen Federal</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>North Lynch Yates, S.R.</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC029512</u>
Location <u>Teas Yates-Seven Rivers R-4604</u>				
Unit Letter <u>A</u>	<u>330</u>	Feet From The <u>N</u>	Line and <u>330</u>	Feet From The <u>E</u>
Line of Section <u>19</u>	Township <u>20 S</u>	Range <u>34 E</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>Cities Service Oil Company Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>when we have any to sell Llano will buy</u>	Address (Give address to which approved copy of this form is to be sent) <u>Hobbs, New Mexico</u>
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec. <u>20</u> Twp. <u>20S</u> Rge. <u>34 E</u>	Is gas actually connected? <u>No</u> When we need on the lease <u>When we have more than</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"/>		<input checked="" type="checkbox"/>					
Date Spudded <u>5-13-72</u>	Date Compl. Ready to Prod. <u>7-22-72</u>	Total Depth <u>3560'</u>		P.B.T.D. <u>3558'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>GR 3633'</u>	Name of Producing Formation <u>Yates</u>	Top Oil/Gas Pay <u>3312'</u>		Tubing Depth <u>3520'</u>				
Perforations <u>3344' - 3508' 17 shots 0.57 holes</u>		Depth Casing Shoe <u>3560'</u>						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>15"</u>	<u>13 3/8"</u>		<u>212'</u>		<u>76 sks</u>			
<u>12 1/2"</u>	<u>10 3/4"</u>		<u>606'</u>		<u>mudded in</u>			
<u>10"</u>	<u>8 5/8"</u>		<u>1099'</u>		<u>mudded in</u>			
<u>8" (6 1/2")</u>	<u>7" (4 1/2")</u>		<u>3136' (3046-3558)</u>		<u>499 sks (83 sks)</u>			

**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 <u>7-22-72</u>	Date of Test <u>7-23-72</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>45 PSI</u>	Casing Pressure <u>50 PSI</u>	Choke Size
Actual Prod. During Test <u>72 bbls</u>	Oil - Bbls. <u>72 bbls</u>	Water - Bbls. <u>none</u>	Gas - MCF <u>10</u>

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. 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.

Walter W. Krug  
(Signature)  
Partner  
(Title)

OIL CONSERVATION COMMISSION

APPROVED AUG 2 1972, 19 \_\_\_\_\_

BY [Signature]

TITLE SUPERVISOR DISTRICT I

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 or not completed wells.

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1/12 1972

OIL CONSERVATION COM. COM. L.  
WASH. D. C.