

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-105
Effective 1-1-65

I. OPERATOR
Operator: MORRIS R. ANTWEIL
Address: P. O. Box 2010, Hobbs, New Mexico 88240

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: _____

II. DESCRIPTION OF WELL AND LEASE East Monument Paddock R-6890 (2-1-82)

Lease Name <u>State SX</u>	Well No. <u>1</u>	Pool Name including formation <u>Undesignated</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>V-48</u>
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>19-S</u> Range <u>37-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>Southern Union Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Suite 112, 4201 Wingren Dr., Irving, TX 75062</u>
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 <u>J</u>	Sec. <u>36</u>	Twp. <u>19</u>	Rge. <u>37</u>	Is gas actually connected? <u>No</u>	When
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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 <u>April 10, 1981</u>	Date Compl. Ready to Prod. <u>November 30, 1981</u>	Total Depth <u>7150'</u>		P.B.T.D. <u>6800'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3595' GR</u>	Name of Producing Formation <u>Paddock</u>	Top Oil/Gas Pay <u>5774'</u>		Tubing Depth <u>5953'</u>		Depth Casing Shoe <u>7150'</u>		
Perforations <u>5774-5926'</u>								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>1500'</u>	<u>750 sx</u>
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>7150'</u>	<u>675 sx</u>
	<u>2-3/8"</u>	<u>5953'</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>July 16, 1981</u>	Date of Test <u>October 28, 1981</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. <u>6</u>	Water-Bbls. <u>3</u>	Gas-MCF <u>0</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistos, 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.

Doris Sneed
(Signature)
Production Clerk
(Title)
December 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____
Orig. Signed by
Les Clements
TITLE Oil & Gas Eng.

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.