

AMENDED

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

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

I.

Operator
SPENCE ENERGY COMPANY

Address
**381 Two Energy Square
4849 Greenville Ave., Dallas, Texas 75206**

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "25"	Well No. 1	Pool Name, including Formation South Flying M-Atoka	Kind of Lease State, Federal or Fee-Federal	Lease No. NM 55001
Location				
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East				
Line of Section 25 Township 9S Range 32E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

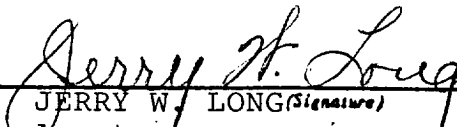
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
UPG FALCO, INC.	Box 3419, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
WARREN PETROLEUM COMPANY	P.O. Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 25 9S 32E No Waiting on Pipeline

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


JERRY W. LONG (Signature)
 Agent
 (Title)
 August 26, 1985
 (Date)

OIL CONSERVATION DIVISION

AUG 28 1985

APPROVED _____, 19____

BY **ORIGINAL SIGNED BY JERRY SEXTON**

DISTRICT 1 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 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 3-29-85	Date Compl. Ready to Prod. 7-17-85	Total Depth 11,670'				P.B.T.D. 11,480'			
Elevations (DF, RKB, RT, GR, etc.) 4303' GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 10,532'				Tubing Depth 10,482'			
Perforations 10,532'-10,538', 10,776'-10,782'						Depth Casing Shoe 11,650'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		400'		400				
11"	8-5/8"		3,665'		1100				
7-7/8"	5-1/2"		11,650'		475				
	2-7/8"		10,482'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.	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 9013 MCF/D (AOF)	Length of Test 4 Hr.	Bbls. Condensate/MMCF 19.23	Gravity of Condensate 59.9 @ 60°
Testing Method (pilot, back pr.) 4 Pt. Back Pressure	Tubing Pressure (Shut-in) 2175 psi.	Casing Pressure (Shut-in) Pkr	Choke Size 9/64" to 14/64"

* Form C-104, dated August 20, 1985, is hereby amended at the request of NMOCD to change the pool name and producing formation.

AUG 27 1985
HUBBS OFFICE