

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

Operator Cleary Petroleum Corporation	
Address P. O. Drawer 2358, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE PLATED AFTER 5/1/77 UNLESS AN EXCEPTION TO B-407E IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

I. DESCRIPTION OF WELL AND LEASE <i>N. Cats - San Andres R-5456</i>				
Lease Name Federal "15"	Well No. 1	Pool Name, Including Formation Wildcat - San Andres (P ₂)	Kind of Lease State, Federal or Fee Fed.	Lease No. NM-11963A
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>7-South</u> Range <u>30-East</u> , NMPM, <u>Chaves</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None		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 M	Sec. 15	Twp. 7-S	Rge. 30-E
			Is gas actually connected? No	When -

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X		X					
Date Spudded 1-4-77 (8:00 A.M.)	Date Compl. Ready to Prod. 1-16-77 (3:00 A.M.)		Total Depth 3647'		P.B.T.D. 3610'				
Elevations (DF, RKB, RT, CR, etc.) 4176 GL & 4187 KB	Name of Producing Formation San Andres (P ₂)		Top Oil/Gas Pay 3314'		Tubing Depth 3362'				
Perforations 3314-20' (9 holes), 3347-49' (3 holes), 3368-81' (14 holes), 3386-90' (5 holes)					Depth Casing Shoe 3347'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11		8 5/8		350'		200			
7 7/8		4 1/2		3647'		160			
		2 3/8		3362'					

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 2-12-77	Date of Test 2-28-77	Production Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -	Casing Pressure 10	Choke Size -
Actual Prod. During Test 25 barrels	Oil-Bbls. 10	Water-Bbls. 15	Gas-MCF 5.0

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

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED MAR 30 1977 , 19____	
<i>H. E. Lorenz</i> (Signature)		BY <i>[Signature]</i>	
District Production Manager		SUPERVISOR DISTRICT I	
(Title)		TITLE _____	
March 24, 1977		This form is to be filed in compliance with RULE 1104.	
(Date)		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 allowables 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.	

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24 1977

MAR 29 1977

APR 24 1978
U.S. DEPARTMENT OF COMMERCE
WASHINGTON, D.C.

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MAR 28 1977

D. C. C.
ASTORIA OFFICE