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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-105  
 Effective 1-1-65

I. Operator  
 Walter W. Krug DBA Wallen Production Company

Address  
 Box 1960 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 **CASINGHEAD GAS MUST NOT BE FLARED AFTER 10/9/75 UNLESS AN EXCEPTION TO R-1070 IS OBTAINED.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wallen Federal	Well No. 5	Pool Name, including Formation Teas, Yates, Seven Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. (a) LC029512
Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>East</u> Line and <u>330</u> Feet From The <u>South</u> Line of Section <u>18</u> Township <u>20</u> Range <u>34</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"/> TNM Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland, Texas 79701					
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 P	Sec. 18	Twp. 20	Rge. 34	Is gas actually connected? no	When

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 5-8-1975	Date Compl. Ready to Prod. 8-4-1975	Total Depth 3593'	P.B.T.D. -----					
Elevations (DF, RKB, RT, GR, etc.) GR 3633	Name of Producing Formation Yates	Top Oil/Gas Pay 3400'	Tubing Depth 3330'					
Perforations 2 1/2" - 3 1/2"	Depth Casing Shoe 3593'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	16"	98.5'	358 sks
15 1/2"	13 3/8"	272'	mudded in
12 1/2"	10 3/4"	708'	mudded in
10" 8"	8 5/8" 7"	1121' 3297'	mudded in 1160'

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 8/9/1975	Date of Test 8/10/1975	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -----	Casing Pressure 50#	Choke Size -----
Actual Prod. During Test 106	Oil - Bbls. 106	Water - Bbls. TSTM	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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)  
Engineer  
 (Title)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY John W. Runyon  
 TITLE Geologist

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 allow-