

**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-11
Effective 1-1-65

DISTRIBUTION		
STATE		
FEE		
G.S.		
D OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. OPERATOR
Operator: Cleary Petroleum Corporation
Address: P. O. Drawer 2358, Midland, Texas 79702
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 R-5876 * Surface location on Fee acreage. Bottom hole location under Federal acreage (Federal Lse. NM-15907)

Lease Name	Well No.	Pool Name, Including	Kind of Lease	Lease No.
<u>Felmont Federal</u>	<u>1</u>	<u>Undesignated</u>	State, Federal or Fee <u>Fee *</u>	<u>---</u>
Location				
Unit Letter <u>P/A</u>	<u>760</u>	Feet From The <u>South</u>	Line and <u>660</u>	Feet From The <u>East</u>
Line of Section <u>25</u>	Township <u>20-S</u>	Range <u>32-E</u>	NMPM, <u>Lea</u>	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)			
<u>Western Crude Oil, Inc.</u>	<u>P. O. Box 1142, Midland, Tx. 79702</u>			
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)			
<u>Gas Company of New Mexico</u>	<u>First International Bldg, Dallas, Tx. 75270</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range
	<u>P</u>	<u>25</u>	<u>20-S</u>	<u>32-E</u>
				Is it naturally connected? <u>Yes</u> When <u>9-7-78</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.
		<u>X</u>	<u>X</u>					
Date Spudded <u>1-12-78</u>	Date Compl. Ready to Prod. <u>7-19-78</u>	Total Depth <u>13497' TVD; 14150' MD</u>	P.B.T.D. <u>13985'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3586' GR; 3605' KB</u>	Name of Producing Formation <u>Morrow</u>	Producing Gas Pay <u>13539'</u>	Tubing Depth <u>13215'</u>					
Perforations <u>13599-13619' (20 holes), 13569-13573' (5 holes), 13539-13549' (11 holes)</u>	Depth Casing Shoe <u>14127'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>26"</u>	<u>20"</u>	<u>1212'</u>	<u>2100 sx</u>					
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>2800'</u>	<u>2250 sx</u>					
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>5196'; DV tool @ 3419'</u>	<u>1st-750 sx; 2nd-950 sx</u>					
<u>8 1/2"</u>	<u>5 1/2"</u>	<u>14127'</u>	<u>900 sx</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	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 <u>4000</u>	Length of Test <u>24 hrs.</u>	Bbls. Condensate/MMCF <u>21.5</u>	Gravity of Condensate <u>57.8</u>
Testing Method (pitot, back pr.) <u>Orifice Meter</u>	Tubing Pressure (shut-in) <u>2478</u>	Casing Pressure (shut-in) <u>---</u>	Choke Size <u>21/64"</u>

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.

Buddy J. Knight
(Signature)
District Production Manager
(Title)
9-13-78
(Date)

OIL CONSERVATION COMMISSION
SEP 17 1978

APPROVED _____, 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 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.

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