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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-110
 Effective 1-1-65

Operator Great Western Drilling Company	
Address P. O. Box 1659 Midland, Texas 79702;	
Reason(s) for filing (Check proper box)	Other (Unauthorized) GAS MUST NOT BE FLARED AFTER 5/1/80 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
New Well <input checked="" type="checkbox"/> XK	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Bordages	Well No. 4	Pool Name, including Formation Eunice-Monument (Grayburg S.A.)	Kind of Lease State, Federal or Leas Federal	Lease No.
Location Unit Letter C 760 Feet From The north Line and 1780 Feet From The West				
Line of Section 33	Township 19S	Range 37E	Lea	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"/> UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O.Box 66, Liberal, Kansas 67901			
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 C	Sec. 33	Twp. 19S	Pge. 37E
			Is gas actually transported? no	When pending

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

III. 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"/>	Flow Back <input type="checkbox"/> Same Resv. <input type="checkbox"/> Diff. Resv. <input type="checkbox"/>
Date Spudded 01-12-80	Date Compl. Ready to Prod. 03-17-80	Total Depth 3950'	F.B.T.E. 3948'
Elevations (DF, RKB, RT, GR, etc.) 3593.6' RKB	Name of Producing Formation Grayburg - San Andres	Top Oil Gas Pay 3742'	Tubing Depth 3939'
Perforations 3742' to 3883' with 77-holes			Length Casing Shoe 3950.33' RKB
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8-5/8" 24#/ft	408.67' RKB	250 Sx Class "C" +4% CaCl
7-7/8"	4-1/2" 10.5#/ft	3950.33' RKB	600 Sx Class "C"
	Tbg. 2-3/8" 4.70#/ft	swung 3939'	

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WFLL (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 02-01-80	Date of Test 03-17-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 26	Oil - Bbls. 13	Water - Bbls. 13	Gas - MCF 14

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

V. 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.

M.B. Myers M. B. Myers
 (Signature)
 Assistant General Superintendent
 (Title)
 03-21-80
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 2 1980**
 BY *[Signature]*
 TITLE **SUPERVISOR**

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 tested wells.