

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
Page 1

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Julian Ard Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service. ELM

Address 303 Main Street, Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

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

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>South Teas Federal #1</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wildcat-Bone Springs</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>NM 29704</u>
Location Unit Letter <u>G</u> : <u>1980'</u> Feet From The <u>North</u> Line and <u>2310'</u> Feet From The <u>East</u> Line of Section <u>23</u> Township <u>20S</u> Range <u>33E</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"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Drawer 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NA</u>	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 Sec. Twp. Rge. Is gas actually connected? When
	<u>G 23 20 33 No</u>

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

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.

Chas E. Dennis
(Signature)
Production Superintendent
(Title)
March 23, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 12 1986, 19_____
BY Eddie W. Searcy
TITLE Oil & Gas Inspector

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 X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v.	Diff. Res'v. B.S.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D. 10,110 <i>CLBP</i>			
Elevations (DF, RKB, RT, GR, etc.) 3617 GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8420'			Tubing Depth 10,100			
Perforations 8420' to 9910'		152 holes			Depth Casing Shoe 14,313				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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 5-30-85	Date of Test 5-30-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 42 days 24 hrs.	Tubing Pressure 420 P.S.I.	Casing Pressure 550 P.S.I.	Choke Size 2"
Actual Prod. During Test 14 bbl. oil	Oil - Bbls. 13 bbl.	Water - Bbls. 1 bbl.	Gas - MCF 50 M.C.F. or less

GAS WELL

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

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