

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
National Coop. Refinery Assoc.

Address
415 W. Wall, Suite 2215, Midland, Texas 79701

Reason(s) for filing (Check proper box)

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 11-20-34	Well No. 3	Pool Name, including Formation Lea Penn (Morrow)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0631
Location				
Unit Letter <u>L</u> : <u>1890</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>11</u> Township <u>20-S</u> Range <u>34-E</u> , NMPM, Lea 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)
Texas-New Mexico Pipeline Company	P. O. Box 2528, Hobbs, New Mexico 88240
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)
Phillips 66 Natural Gas Company	4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
F 11 20-S 34-E	Yes 7-6-88 7-7-88

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.

Carrie D. Baze
(Signature)

Production Clerk

(Title)

7-13-88

(Date)

OIL CONSERVATION DIVISION
AUG 01 '88
APPROVED _____, 19____
BY Paul Gantz
TITLE _____

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.

CONFIDENTIAL REPORT

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-7-88	Date Compl. Ready to Prod. 7-6-88		Total Depth 13348'		P.B.T.D. 13254'				
Elevations (DF, RKB, RT, GR, etc.) 3636.5' GL	Name of Producing Formation Upper Morrow		Top Oil/Gas Pay 12964'		Tubing Depth 12856'				
Perforations 13230'-35'; 13201'-06'; 13105'-16'; 13001'-14'; 12964'-70'						Depth Casing Shoe 13339'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	876'	760 sx Class C
12 1/4"	9 5/8"	5157.6'	2075 sx Class C
8 5/8"	7"	5171'	750 sx Class C
6 1/4"	4 1/2"	13339'	1st-530sx 50-50 Poz / 2nd-1040sx 50-50 Poz

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	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 1844	Length of Test 24 hrs	Bbls. Condensate/MMCF 33	Gravity of Condensate .695
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3600	Casing Pressure (Shut-in) 0	Choke Size 28/64"