

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NO. OF COPIES DESIRED	
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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

Operator
Minerals, Inc.

Address
P.O. Box 1320, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)	Other (Please explain) GAS MUST NOT BE
New Well <input checked="" type="checkbox"/>	Transporter <u>1/10/83</u>
Recompletion <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070
Change in Ownership <input type="checkbox"/>	IS OBTAINED.
Change in Transporter of oil <input type="checkbox"/>	
Oil <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Bass State	Well No. 5	Pool Name, including Formation Salt Lake Yates	Kind of Lease State, Federal or Fee State	Lease No. E-5231
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Location
Unit Letter C ; 330 Feet From The North Line and 2310 Feet From The West

Line of Section 18 Township 20 South Range 33 East , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, New Mexico 88210
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. 18	Twp. 20	Rge. 33	Is gas actually connected? NO	When
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If this production is commingled with that from any other lease or pool, give commingling order number:

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 8-11-82	Date Compl. Ready to Prod.	Total Depth 3056'	P.B.T.D. 3056'					
Elevations (DF, RKB, RT, CR, etc.) 3523.6 GL, 3527.6 KB	Name of Producing Formation Yates - Seven Rivers	Top Oil/Gas Pay 2900'	Tubing Depth 3054'					
Perforations Open hole: 2900' - 3056'							Depth Casing Shoe 2900'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	1102'	600 sx
7 7/8	5 1/2	2900'	750 sx

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 11-10-82	Date of Test 11-18-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 11-18-82	Oil-Bbls. 24	Water-Bbls. 137	Gas-MCF -0-

GAS WELL

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

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 above is true and complete to the best of my knowledge and belief.



Al Klaar
VICE PRESIDENT-ENGINEERING

November 22, 1982

OIL CONSERVATION DIVISION

APPROVED NOV 22 1982, 19

BY JERRY SEXTON

TITLE DISTRICT 1 SUPR.

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 multiple completed wells.

RECEIVED

NOV 22 1980

10.00
MOBIS C. 123