

DISTRIBUTION		3
SANTA FE		/
FILE		/
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-1
Effective 1-1-65

RECEIVED

APR 25 1979

I. OPERATOR
Operator Wainoco Oil & Gas Company
Address 1200 Smith Street, Suite 1500, Houston, Texas 77002
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) O.C.C. ARTESIA, OFFICE

If change of ownership give name and address of previous owner Tom L. Ingram, P. O. Box 1757, Roswell, New Mexico 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>White Ranch</u>	Well No. <u>1</u>	Pool Name, including Formation <u>White Ranch, Miss. gas</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>west</u> Line of Section <u>34</u> Township <u>11-S</u> Range <u>29E</u> , NMPM, <u>Chaves</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"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, Texas 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or DR Gas <input checked="" type="checkbox"/> <u>SaGASity Marketers, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>9525 Katy Rd., Suite 211, Houston, Tex 77024</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>34</u>
	Twp. <u>11-S</u>	Rge. <u>29-E</u>
	is gas actually connected? <u>Yes</u> When <u>4-7-79</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.
		X				X		X
Date Spudded PB Date <u>12-11-76</u>	Date Compl. Ready to Prod. <u>3-16-77</u>	Total Depth <u>8777'</u>	P.B.T.D. <u>8406'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3792' DF</u>	Name of Producing Formation <u>Miss. gas</u>	Top Oil/Gas Pay <u>8320'</u>	Tubing Depth <u>8290'</u>					
Perforations <u>8320-8340'</u>	Depth Casing Shoe <u>8230' (pkr)</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>89'</u>	<u>150</u>					
<u>11"</u>	<u>8-5/8"</u>	<u>2130'</u>	<u>750</u>					
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>8777'</u>	<u>100</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

Post test 4-27-79

GAS WELL

Actual Prod. Test-MCF/D <u>1748</u>	Length of Test <u>24 hrs.</u>	Bbls. Condensate/MMCF <u>20.6</u>	Gravity of Condensate <u>64.7</u>
Testing Method (pitot, back pr.) <u>Back pressure</u>	Tubing Pressure (shut-in) <u>2140</u>	Casing Pressure (shut-in) <u>0</u>	Choke Size <u>14/64"</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.

Pax Budis
(Signature)

Regulatory Coordinator
(Title)

April 23, 1979
(Date)

Resubmitted; originals sent 4-10-79, but never received in Artesia office

OIL CONSERVATION COMMISSION

APPROVED APR 26 1979, 19____
BY W. A. Gessert
TITLE SUPERVISOR, DISTRICT II

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.