

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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PRODUCTION OFFICE	

RECEIVED BY  
OIL CONSERVATION DIVISION  
DEC 30 1986  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator JULIAN ARD

Address 303 Main Street, Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> 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			

Other (Please explain)

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Acme #2</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Acme, San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>7294</u>
Location				
Unit Letter <u>C</u>	: <u>1650</u>	Feet From The <u>EVL</u>	Line and <u>330'</u>	Feet From The <u>EVL</u>
Line of Section <u>4</u>	Township <u>8S</u>	Range <u>27E</u>	<u>NMPM,</u>	County <u>Chaves</u>

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"/>	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 <u>NO</u>	Sec.	Twp.	Rge.	Is gas actually connected? <u>NO</u>	When <u>Part I D-2 4-17-87 comp &amp; BH</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.

Laura Boyeman  
(Signature)  
Production Agent  
(Title)  
12-22-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 15 1987, 19 \_\_\_\_\_  
BY Les A. Clements  
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1103.  
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 conditions.  
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 X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-28-86	Date Compl. Ready to Prod. 7-25-86		Total Depth 2005'			P.B.T.D. 1992'			
Elevations (DF, RKB, RT, GR, etc.) 3976 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 1936'			Tubing Depth 1980'			
Perforations 1936 to 1970						Depth Casing Shoe 2003'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
12"	8 5/8 24 lb.			330		350 circulated			
8"	4 1/2 11.60 lb.			2003		100 sx			
4"	2 3/8 4.70 lb.			1980		None			

**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 Test tank 7-26-86	Date of Test 10-9-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 10 P.S.I.	Casing Pressure -0-	Choke Size 2"
Actual Prod. During Test 14 bbl.	Oil - Bbls. 4 bbl.	Water - Bbls. 10 bbl.	Gas - MCF T.S.T.M.

**GAS WELL**

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