Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico igy, Minerals and Natural Resources Depart.

RECEIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Pag

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III	Santa Fe, New M	lexico 87504-2088	JAN 10'90	)	
000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWA		ION		
Operator	TO TRANSPORT OF	L AND NATURAL GAS	U. C. D. I'Wali <b>ANT<del>IN</del>A, Offic</b>	£	
Socorro Petrol	eum Company		30-0150		
P.O. Box 38, I	Loco Hills, NM 8825				
Reason(s) for Filing (Check proper box)  New Well	Change in Transporter of:	Uher (Please explain)			
Recompletion	Oil Dry Gas	Change in Ope.	rator Name		
Change in Operator X	Casinghead Gas Condensate	Effective Jan		)	
f change of operator give name HC address of previous operator	ondo Oil & Gas Compa	ny, P.O. Box 220	8, Roswell,	NM 88202	
I. DESCRIPTION OF WELL A	AND LEASE Well No.   Pool Name, Included	ting Formation	Kind of Lease	Lease No.	
J.L. Keel "B"		Jackson/7 RV QGSA	State, Federal or Fee	LC029345B	
Location Unit LetterG	: 1980 Feet From The _	North Line and 1980	Feet From The	East Line	
Section 6 Township	17S Range 31E	NMPM,	Eddy	County	
III. DESIGNATION OF TRAN	SPODTED OF OU AND NATE	IDAL CAC			
Name of Authorized Transporter of Oil	XX or Condensale	Address (Give outless to which a	ipproved copy of this for	m is to be sent)	
Texas-New Mexico Pipeli	ne Company	P.O. Box 2528, Ho	P.O. Box 2528, Hobbs, NM 88240		
Name of Authorized Transporter of Casing		Address (Give address to which a	approved copy of this for	m is to be sens)	
Continental Oil Company If well produces oil or liquids,	T	P.O. Box 460, Hob	Box 460, Hobbs, NM 88240		
give location of tanks.	C 8 17S 31E	VES	When Link	Micn? Unknown	
If this production is commingled with that i					
IV. COMPLETION DATA					
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover L	Deepen Plug Back S	ame Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of the trains the said	Too Out (177 bay			
	Name of Producing Formation	ne of Producing Formation Top Oil/Gas Pay Tubing Depth			
Perforations			Depth Casing	Shoe	
	minute of the same				
HOLE SIZE	CASING & TUBING SIZE	CEMENTING RECORD			
TIOLE SIZE	CASING & TUBING SIZE	DEPTH SET	S/	SACKS CEMENT	
				27 FO-3	
				2-9-76	
V TPOT DATA AND DESIES	V6 62248 T			The state of the s	
V. TEST DATA AND REQUES OIL WELL Gest must be after a					
Date First New Oil Run To Tank	ecovery of total volume of load oil and mu	Producing Method (Flow, pump,	ple for this depth or be fo Ras lift, etc.)	r full 24 hours.)	
Land CD					
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	Length of Test	Bbls. Condensate/MMCI	Gravity of Co	mdensale	
Testing Method (pitot, back pr.)	Tubing Pressure (Shul-in)	Casing Pressure (Shut-in)	Choke Size		
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE	011 00110	=======================================		
I hereby certify that the rules and regul	lations of the Oil Conservation		ERVATION [	DIVISION	
Division have been complied with and is true and complete to the best of my	that the information given above knowledge and belief				
	A 0	Date Approved	FEB - 91	960	
Den w Ch	oule	<u></u>	فيعمد عمرينين		
Signature  Ben D. Gould	Managar	By	MLEIGNE <b>D BY</b> MLEIAMS	·····	
Printed Name	<u>Manager</u> Title	Title SUPER	NISOR, DISTRICT	- 19	
1/8/90 • Date	505/677-2360 Telephone No.	1110	· · · · · · · · · · · · · · · · · · ·	<del></del>	
	reseptione 1 w.	11			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each resol in multiply completed wells