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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

SEP 24 1992

O. C. D.  
OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator SOCORRO PETROLEUM CO.	Well API No. 30-015-26705
Address P.O. BOX 37, LOCO HILLS, NM 88255	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name  
and address of previous operator

## II. DESCRIPTION OF WELL AND LEASE

Lease Name TURNER "B"	Well No. 105	Pool Name, Including Formation GRBG JACKSON 7RVS QN GB SA	Kind of Lease State, Federal or Fee	Lease No. LC 029395 B
Location Unit Letter 0 : 15 Feet From The South Line and 2625 Feet From The East Line Section 17 Township 17S Range 31E, NMPM, Eddy County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, NM 88241-2528					
Name of Authorized Transporter of Casinghead Gas or Dry Gas Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1267, Ponca City, OK 74603					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 17	Twp. 17S	Rge. 31E	Is gas actually connected?	When?

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-24-92	Date Compl. Ready to Prod. 8-3-92		Total Depth 3794'		P.B.T.D. 3788'			
Elevations (DF, RKB, RT, GR, etc.) GL 3674'	Name of Producing Formation 7RV-QN-GB-SA		Top Oil/Gas Pay 2814'		Tubing Depth 3590'			
Perforations 2814 - 3639'					Depth Casing Shoe 3794'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" - J-55		298'		400 Sx			
12 1/4"	8 5/8" - J-55		1289'		600 Sx			
7 7/8"	5 1/2" - J-55		3794'		900 Sx			
	2 7/8" Tbg		3590'					

## 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 Tank 7-26-92	Date of Test 8-3-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 HRS.	Tubing Pressure	Casing Pressure 30#	Choke Size
Actual Prod. During Test	Oil - Bbls. 240	Water - Bbls. 187	Gas- MCF 29

## GAS WELL

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

## VI. OPERATOR 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.

Signature  
Robert G. Setzler - Production Mgr.

Printed Name  
9-21-92 505 677-3223 Title

Date  
Telephone No.

## OIL CONSERVATION DIVISION

Date Approved

By

Title

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 pool in multiply completed wells.