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State of New Mexico  
Enr Minerals and Natural Resources Department  
  
OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED  
Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page  
  
-FEB 10 1989  
  
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DP

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  Charles B. Gillespie, Jr. ✓	Well API No.  30-015-26045
Address  P. O. Box 8 Midland, Texas 79702	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: CASINGHEAD GAS MUST NOT BE Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> FLARED AFTER 4/15/89 Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name  Poker Lake Unit	Well No.  70	Pool Name, including Formation  Wildcat, Delaware	Kind of Lease State, Federal or Fee	Lease No.  NM-0522
Location  Unit Letter P : 810 Feet From The South Line and 810 Feet From The East Line Section 28 Township 24S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436 Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Unknown at present time	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 P	Sec. 28	Twp. 24S	Rge. 31E	Is gas actually connected? No	When? Unknown
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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12/23/88	Date Compl. Ready to Prod. 1/26/89		Total Depth 7238'		P.B.T.D. 6960'			
Elevations (DF, RKB, RT, GR, etc.) 3472.7' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6738'		Tubing Depth 6610'			
Perforations 6738-40', 6742-45', 6747-50', 6752-55'					Depth Casing Shoe 7006'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		600'		700			
11"	8 5/8"		4325'		1300			
7 7/8"	5 1/2"		7006'		735			
5 1/2" csg	2 7/8"		6610'					

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 2/5/89	Date of Test 2/6/89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 20#	Casing Pressure 20#	Choke Size Post ID-2 3-12-89 comp & BK
Actual Prod. During Test 288	Oil - Bbls. 96	Water - Bbls. 192	Gas - MCF 86.4

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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.

William R. Crow  
Signature  
William R. Crow Exploration Manager  
Printed Name Title  
2/9/89 915-683-1765  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 7 1989

By Mike Williams Original Signed 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.