

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Kerr-McGee Corporation

Address
P. O. Box 250, Amarillo, Texas 79189

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please print or type)
**CASINGHEAD GAS MUST NOT BE
FLAMED AFTER 2-4-88
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE Original completion in King Devonian.

Lease Name State E 7169	Well No. 1	Pool Name, including Formation King Wolfcamp	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. 7169
Location Unit Letter <u>L</u> : <u>300</u> Feet From The <u>West</u> Line and <u>1650</u> Feet From The <u>South</u> Line of Section <u>36</u> Township <u>13S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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"/> Amoco Pipeline	Address (Give address to which approved copy of this form is to be sent) 200 W. 7th, Suite 2300, Ft. Worth, TX 76102					
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 L	Sec. 36	Twp. 13S	Rge. 37E	Is gas actually connected? NO	When

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.

Peggy Pinckert
(Signature)
Peggy Pinckert
Production Clerk
(Title)
December 8, 1987
(Date)

OIL CONSERVATION DIVISION

DEC 21 1987

APPROVED _____, 19 _____

BY _____
CHIEF OF DIVISION

TITLE _____

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.

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	Workover	Deepen	Plug Back X	Same Res'v.	Diff. Res'v.
Date Spudded 6-5-56	Date Compl. Ready to Prod. 12-3-87		Total Depth 12,680			P.B.T.D. 9,582			
Elevations (DF, RKB, RT, GR, etc.) 3843' GR, 3856' RKB	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9332-9352, 9392-9404			Tubing Depth 9295			
Perforations 9332-9352', 9392 - 9404', 9682'-9698', 9744'-9752', 12,160'-12,233'		12,280-12,590'			Depth Casing Shoe 12,680				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
	13 3/8		355			350 SXS			
	9 5/8		4,580			2250 SXS			
	5 1/2		12,678			850 SXS			
	tbg 2 7/8		9,295						

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 12/4/87	Date of Test 12/9/87	Producing Method (Flow, pump, gas lift, etc.) Pumping 2 1/2" x 1 1/4" x 20' RHBH	
Length of Test 24 hours	Tubing Pressure -----	Casing Pressure 19	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 21	Gas - MCF 18

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