

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Newhall Resources

Address: P.O. Box 8629 Midland, TX 79708

Reason(s) for filing (Check proper box):
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate
 Other (Please explain):
CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-17-86 UNLESS AN EXCEPTION TO E-0071 IS OBTAINED.

If change of ownership give name and address of previous owner: _____
 THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Speight</u>	Well No. <u>1</u>	Pool Name, including Formation <u>R. 8356 Bronco Silur/Devonian 12-1-86</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>13-S</u> Range <u>38-E</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"/> <u>Philips Petroleum Co. - Trucks</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, TX 79762</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>A</u>	Sec. <u>15</u>	Twp. <u>13-S</u>	Rge. <u>38-E</u>	Is gas actually connected? <u>NO</u>	When

If this production is commingled with that from any other lease or pool, give commingling order number: NO

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.

J.E. Brusenhan J.E. Brusenhan
(Signature)
Production Manager
(Title)
10/21/86
(Date)

OIL CONSERVATION DIVISION
APPROVED OCT 21 1986, 19 _____
BY ORIGINAL SIGNED BY EDDIE SEAY
TITLE OIL & GAS INSPECTOR

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 X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-29-86	Date Compl. Ready to Prod. 10/17/86		Total Depth 11,890		P.B.T.D. 11,890			
Elevations (DF, RKB, RT, GR, etc.) 3806 GR	Name of Producing Formation Siluro/Devonian		Top Oil/Gas Pay 11,878		Tubing Depth 11,602			
Perforations 11,883 to 11,885 (8 holes)					Depth Casing Shoe 11,890			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		348		450 sx			
11"	8 5/8"		4608		1700 sx			
7 7/8"	7"		10,391		325 sx			
6"	5"		11,890		170 sx			

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 10/17/86	Date of Test 10/20/86	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 58	Casing Pressure 0	Choke Size 12/64
Actual Prod. During Test 334	Oil - Bbls. 334	Water - Bbls. 0	Gas - MCF 13

GAS WELL

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

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