

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
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
Woodbine Petroleum, Inc.

Address
1445 Ross Avenue, Suite 5600 Dallas, TX 75202

Reason(s) for filing (Check proper box):
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate
 Other (Please explain)
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

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 Mobil Federal	Well No. #1	Pool Name, including Formation West Lusk Delaware	Kind of Lease R-8772 11/1/88	Lease No.
Location Unit Letter E : 1650 Feet From The North Line and 330 Feet From The West			State, Federal or Fee Federal	
Line of Section 21 Township 19S Range 32E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

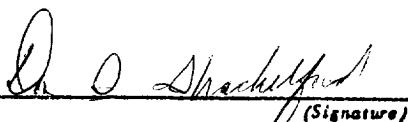
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> J. M. Petroleum	Address (Give address to which approved copy of this form is to be sent) 2323 Bryan, LB 185 Dallas, TX 75201
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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 Sec. Twp. Rge. Is gas actually connected? When
	21 19S 32E

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.


(Signature)

Executive Vice President

(Title)

August 4, 1988

(Date)

OIL CONSERVATION DIVISION

AUG 08 1988

APPROVED _____, 19 _____

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

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	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6/14/88	Date Compl. Ready to Prod. 7/3/88		Total Depth 6700'		P.B.T.D. 6692'				
Elevation (H.F., RKB, RT, GR, etc.) 3589 GL	Name of Producing Formation Delaware		Top Oil/Gas Pay 6469		Tubing Depth 6466'				
Perforations 6469 - 6479						Depth Casing Shoe 6692'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" 48#	461'	475 sks. Class C
12 1/4"	8 5/8" 24# & 32#	4257'	660 sks. lite. 200 sks. Class H
7 7/8"	5 1/2" 15.50#	6692'	875 sks. Class H

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

2 3/8" 47# must be after recovery 6466' 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 7/3/88	Date of Test 7/13/88	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 225#	Casing Pressure 0	Choke Size 20/64
Actual Prod. During Test 169	Oil - Bbls. 169	Water - Bbls. 0	Gas - MCF 124

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

REC

AUG 8 1988

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MODS OFFICE