

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	GAS
PRORATION 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 Ave. #5600 Dallas TX 75202

Reason(s) for filing (Check proper box)

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

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

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Amoco Federal	Well No. 1	Pool Name, including Formation West Lusk Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. LC065710
Location Unit Letter <u>D</u> : <u>660'</u> Feet From The <u>ENL</u> Line and <u>330'</u> Feet From The <u>FWL</u> Line of Section <u>21</u> Township <u>19S</u> Range <u>32E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

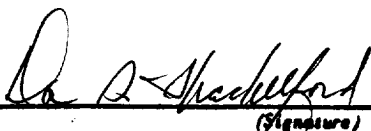
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Koch Oil Co. Division of Koch Industries	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1557, Breckenridge TX 76024
Name of Authorized Transporter of Casinghead Gas ☐ or Natural Gas ☒ Phillips Petroleum Co. 66 Natl Gas Corp	Address (Give address to which approved copy of this form is to be sent) Tullesville, OK 74004
EFFECTIVE: February 14, 1992	
If well produces oil or liquids, give location of tanks.	Unit : D Sec. : 21 Twp. : 19 Rge. : 32 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.



Executive Vice President

(Title)

November 11, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 14 1988, 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.

NOV 14 1988

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IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	9/23/88	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		6592'	
Elevations (D.F., RKB, RT, CR, etc.)	3593 GR	Name of Producing Formation		Top Oil/Gas Pay		6490		Tubing Depth	
Perforations	6490-6493	Delaware		6490		6463		Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD		Casing & Tubing Size		Depth Set		Sacks Cement		450 sks Class C	
Hole Size		1 7/8"		13 3/8"		450'		1st stage-450 sks Class C	
* 11"		8 5/8"		4250'		C + 250 sks Class C near		2nd stage-1090 sks Class	

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 Tanks	Oct 22, 1988	Date of Test	Oct 31, 1988	Producing Method (Flow, pump, gas lift, etc.)	Flow
Length of Test	24 hours	Tubing Pressure	180 psig	Casing Pressure	0
Actual Prod. During Test	115	Oil - Bbls.	115	Water - Bbls.	0
Gas Well		Actual Prod. Test - MCF/D		Bbls. Condensate/MCF	
Testing Method (Spec. back pr.)		Tubing Pressure (Bbls-Ln)		Casing Pressure (Bbls-Ln)	
Choke Size		Choke Size		Gravity of Condensate	

* Hole Size 7 7/8"
Tubing & Casing Size 5 1/2"
2 3/8"
Depth Set 6650'
6463'
Sacks Cement 375 sks 50-50 poz + 150 sks Class H
+ 1" 100 sks Class C
Sacks Cement con't.