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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. OPERATOR

Operator: **Wm. Barnhill**

Address: **Box 1354, Roswell, New Mexico 88201**

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):

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Koehane** Well No.: **1** **UNDESIGNATED** Kind of Lease: **Fee**
Location: Unit Letter: **N** ; **660** Feet From The **South** Line and **2310** Feet From The **West**
Line of Section **6** , Township **20-S** Range **38-E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Shell Pipeline Co. Address (Give address to which approved copy of this form is to be sent): **Midland, Texas**

Name of Authorized Transporter of Casinghead Gas or Dry Gas
Will be submitted later 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.: **6** Twp.: **20S** Rge.: **38E** Is gas actually connected? **No** When: **Upon available connection**

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded: 9-10-67	Date Compl. Ready to Prod.: 3-1-68	Total Depth: 7450			P.B.T.D.: CIBP @ 6750			
Pool: Skagg - Grayburg	Name of Producing Formation: Blinebry	Top Oil/Gas Pay: 5808			Tubing Depth: 5800			
Perforations: 1 shot/ft 5930, 5888, 5820, 5811, 6053, 6040, 6022, 6012, 6006, 5974, 5948						Depth Casing Shoe: _____		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8" csg		1530'		1000-circ			
7 7/8	5 1/2" csg		7089		1000-top cmt @ 1600'			
7 7/8	2 1/16"		5800					

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: 3-15-68	Date of Test: 3-4-68	Producing Method (Flow, pump, gas lift, etc.): Pump	
Length of Test: 24 hrs.	Tubing Pressure: 750#	Casing Pressure: _____	Choke Size: _____
Actual Prod. During Test: 111 B.O.	Oil-Bbls.: 100%	Water-Bbls.: 0	Gas-MCF: TSTM

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Wm. Barnhill
(Signature)
Operator
(Title)
March 22, 1968
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY _____
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 Sections I, II, III, and VI only 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.