

DISTRIBUTION			
AMOUNT	FE		
FILE		1	✓
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	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-
Effective 1-1-65

RECEIVED

JAN 22 1975

Operator Mountain States Petroleum Corp. ✓		O.C.C. ARTESIA, OFFICE	
Address P O Box 1936 Roswell, N. Mexico 88201			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Com	Well No. 1	Pool Name, Including Formation Buffalo Valley Penn	Kind of Lease State, Federal or Fee	State	Lease No. K-6623
Location					
Unit Letter M	990	Feet From The South	Line and 990	Feet From The West	
Line of Section 36	Township	14S	Range 27 E	NMPM,	Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purch.	Address (Give address to which approved copy of this form is to be sent) Box 175 Artesia, N. Mexico				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg. Odessa, Tx.				
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 36	Twp. 14S	Rge. 27E	Is gas actually connected? When

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 Resrv.	Diff. Resrv.
		X	X					
Date Spudded 9-20-74	Date Compl. Ready to Prod. 11-29-74	Total Depth 8500'	P.B.T.D. 8449'					
Elevations (DF, RKB, RT, GR, etc.) 3536 KB	Name of Producing Formation Atoka	Top Oil/Gas Pay 8230'	Tubing Depth 8192'					
Perforations 8230-32, 8238-47, 8254-58, 8296-8306			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	12-3/4	290	700					
11	8-5/8	1593	250					
7-7/8	4-1/2	8449	250					
	2-3/8	8192	Prk.					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1000	Length of Test 24 hr.	Bbls. Condensate/MMCF 3	Gravity of Condensate 49.9
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 1100	Casing Pressure (Shut-in) 0	Choke Size 3/4

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.

K. C. Haver
(Signature)
Operator
(Title)
Jan. 21, 1975
(Date)

OIL CONSERVATION COMMISSION

JUL 31 1975

APPROVED _____, 19____
BY Tom Bingham
TITLE OIL AND 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 such multiple.