

DISTRIBUTION			5
SANTA FE			
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-
Effective 1-1-65

RECEIVED

APR 25 1979

I. Operator
Wainoco Oil & Gas Company
Address
1200 Smith Street, Suite 1500, Houston, Texas 77002

O. C. C.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner Tom L. Ingram, P. O. Box 1757, Roswell, New Mexico 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name White Ranch	Well No. 4	Pool Name, Including Formation White Ranch, Miss. gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter A : 660 Feet From The north Line and 660' Feet From The east Line of Section 33 Township 11-S Range 29-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 checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> SaGASity Marketers Inc.	Address (Give address to which approved copy of this form is to be sent) 9525 Katy Rd., Suite 211, Houston, Tex 77024					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 34	Twp. 11-S	Rge. 29-E	Is gas actually connected? Yes	When 4-7-79

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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 3-22-77	Date Compl. Ready to Prod. 8-19-77	Total Depth 8810'	P.B.T.D. 8682'					
Elevations (DF, RKB, RT, GR, etc.) 3780' KB	Name of Producing Formation Miss. gas	Top Oil/Gas Pay 8502'	Tubing Depth 8431'					
Perforations 8502-8535'	Depth Casing Shoe 8400' (pkr)							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	354'	350					
11"	8-5/8"	2157'	1200					
7-7/8"	5-1/2"	8810'	200					

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 548	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 2328	Casing Pressure (Shut-in) 0	Choke Size 7/64"

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.

Pat Budro
(Signature)
Regulatory Coordinator
(Title)

April 23, 1979
(Date)

Resubmitted; originals sent 4-10-79, but never received in Artesia office.

OIL CONSERVATION COMMISSION

APR 26 1979

APPROVED _____, 19____
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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.
Supersedes Form C-104 must be filed for each well in multiple