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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-10, and C-110
Effective 1-1-81

APR 15 1981

O. C. D.
ARTESIA, OFFICE

Operator Orla Petco, Inc. /	
Address P.O. Box 1383, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	INITIAL FILING MARCH 3, 1981.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" type="checkbox"/>	Dry Gas <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 R-7307 6/14/81

Lease Name Barnes Barnes	Well No. 1	Pool Name, including Formation CHISUM WILDCAT (Queens)	Kind of Lease State, Federal or Fee State	Lease No. L-3342
Location				
Unit Letter K	1980	Feet From The S	Line and 1980	Feet From The W
Line of Section 34	Township 10S	Range 27E	NMPM,	Chaves 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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 K	Sec. 34
	Twp. 10S	Rge. 27E
	Is gas actually connected? no	
	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Dist. Res'v.
Date Spudded 12-28-80	Date Compl. Ready to Prod. 2-22-81	Total Depth 2117	P.B.T.D. 1201					
Elevations (DF, RKB, RT, GR, etc.) 3765.8 GR	Name of Producing Formation Queens	Top Oil/Gas Pay 1153	Tubing Depth 1140					
Perforations 1153-57 and 1160-66			Depth Casing Shoe 1244.68					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8		DEPTH SET 450		SACKS CEMENT 460 SX CL. C (cact 12%)			
8"	4 1/2		1240		320 SX CL. H (cact 2%)			
	2 3/8		1140					

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 (up allowable for this depth or be for full 24 hours)

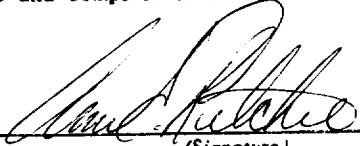
Date First New Oil Run To Tanks 2-22-81	Date of Test 2-22-81	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24	Tubing Pressure 150	Casing Pressure 150	Choke Size 12/64
Actual Prod. During Test 65	Oil - Bbls. 65	Water - Bbls. 0	Gas - MCF TSTM

GAS WELL

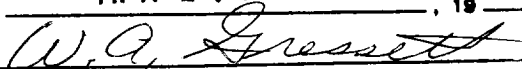
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)
AGENT
(Title)
4-13-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 17 1981
BY 
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.

Separate Forms C-104 must be filed for each pool in multiply