	STATE OF NEW MEXICO BOY NO MOURALS DEPARTMENT			Form C-104 Revised 10-1- 78	
' 11.				RECEIVED	
	1AH1A FE	SANTA FE, NEW MEXICO 87501			
	V 5.0.8.		,	NOV 2 3 1981	
	LAND UFFICE	REQUEST FOR	ALLOWABLE		
	IRANSPORTER OIL	• •	ND	0. Ĉ. D.	
,	PRONATION OFFICE	AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS	ARTESIA, OFFICE	
	Crerolot				
	Addiese				
	P. O. Box 1668	New Movies 87103			
Reason(s) for filing (Check proper box)				2. uport	
	New Well	Change in Transporter of: Oil Dry Ga	. D Concerne	- Tu	
	Recompletion Change in Ownership	Casinghead Gas Conden	sole an and cer		
			<u></u>		
If change of ownership give name and address of previous owner					
	DESCRIPTION OF WELL AND I	LEASE			
1.	Lease Name	well No. Poor Nume, meriding .		eral or Fee	
	Plains 29 1 LE Kallen SR				
	Location Linu Letter D ; 660 Feet From The West Line and 660 Feet From The North				
Line of Section 29 Tamship 10S Range 28E , NMPM, Chaves Cou					
r	L. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
۰.	None of Authorized Transporter of Cli	XX or Condensate	Address forbe address to mitter of		
Navajo Crude Oil Pruchaing Co. P.O. Box 159, Artesia, New Mexico Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to b				rtesia, New Mexico 88210 proved copy of this form is to be sent)	
	Name of Authorized Transporter of Cus				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas octually connected?	When	
	give location of tanks.	D 29 105 28E			
If this production is commingled with that from any other lease or pool, give commingling order number:					
'.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Ditt. Besty.	
	Designate Type of Completio		Total Depth	P.B.T.D.	
	Date Spudded 3-21-81	Dcte Compl. Ready to Prod. 10-8-81	2226'		
	Distributions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
•	3732.2 Gr.	LE Ranch SA	2210	2200 ¹ Depth Casing Shoe	
	Perforations	22261		2210	
Open Hole 2210-2226' 2210 TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	10"	8 5/8"	320'	150 sks Class C Cement	
		7"	2210'	60 sks Class C Cement	
			1		
,	L	OR ALLOWABLE (Test must be a)	fier recovery of iotal volume of load.	oil and must be equal to or exceed top allow	
able for this depth or be for full 24 hours) DIL WELL					
	Date First New Dil Run To Tonks	10-8-81	Pump		
	10-9-81 Length of Test	Tubing Pressule	Casing Preseure	Choke Size	
	24 hours		Water-Bbls.	Gos-MCF	
	Actual Pred. During Test	26	6	TSTM	
				· ·	
	GAS WELL		Bbls. Condensule/MMCF	Grovity of Condeneate	
	Artual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/Amer		
	Testing Method (puci, back pr.)	Tubing Pressue (Shnt-in)	Cosing Pressure (Sbot-in)	Chox• Six•	
		l		ATION DIVISION	
- CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above it true and complete to the best of my knowledge and belief.				NOV 3 0 1981	
			APPROVED		
			BY_ Well Sresset		
	above it true and complete to the	. Done of my knowledge and become	SUPERVISOR,	DISTRICI II	
		/	THLE		
		1 Crom-			
(Signature) Production Secretary (Tuile) November 18, 1981 (Date)			If this is a request for allowable for a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of constru- well name of number, or transporter, or other such change of condition Separate Forms C-104 must be filled for each pool in multiply completed wells.		