NO. OF COPIES RECEIVED 4 DISTRIBUTION 4 SANTA FE / FILE / U.S.G.S. 4 LAND OFFICE 0 IRANSPORTER 0 QAS 1 OPEL+TOR 1 PROFATION OFFICE 1		JUN 1 5 1 O. C. D	(FATURAL GA 982	Form C -104 Supersedes Old (Etiocitvo 1-1-65 AS	C-104 and C-11	
Operator ARTESIA, OFFICE						
Address						
P. O. Box 993 Midland, TX 79702						
Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of:						
Recompletion						
Change in Ownership	Casinghead Gas Conden	sate	<u> </u>		j	
If change of ownership give name and address of previous owner						
. DESCRIPTION OF WELL AND I	Well No.; Pool Name, Including Fo	ormation	Kind of Lease		Lease No.	
Bevmor 24 Federal	#1 Pecos Slope-A	bo Gas	State, Federal	or Fee Federal	12441	
Location	No. No. and	1000		7		
Unit Letter 6 ; 19	80 Feet From The <u>North</u> Line	e and <u>1980</u>	Feet From TI	he <u>East</u>		
Line of Section 24 Tow	mship <u>5 South</u> Range	24 East , NMPM	·(Chaves	County	
. DESIGNATION OF TRANSPORT	FR OF OUL AND NATURAL GA	s				
Name of Authorized Transporter of Oil			to which approve	ed copy of this form is to	be sent)	
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address	to which approve	ed copy of this form is to	he senti	
Transwestern Pipelin	— — —	P. O. Box 25			,	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connect		1	, , , , , , ,, ,, ,, ,, ,, , , , , , ,	
give location of tanks.		yes	ا ــــــــــــــــــــــــــــــــــــ	6-3-82		
If this production is commingled wit . COMPLETION DATA	h that from any other lease or pool,	give commingling orde	r number:			
Designate Type of Completio	n = (X)	New Well Workover	Deepen	Plug Back Same Rest	. Diff. Res'v.	
Date Spuddod	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
12-5-81	12-19 -81	4000 '		3940'		
Elevations (DF, RKB, RT, GR, etc.) 3924' GR	Name of Producing Formation Abo	Top Oll/Gas Pay 3780 ¹		Tubing Depth 3650'		
Perforations				Depth Casing Shoe		
3780'-3800' 11 shot	s 1 per 2 ft.			4000'		
	TUBING, CASING, AND			SACKS CEME		
HOLE SIZE	2 3/8"	3650.		SACKSCEME		
17 1/2"	13 3/8"	900'				
7 7/8"	4 1/2"	4000'		<u> </u>		
. TEST DATA AND REQUEST F(DRAITOWARTE (Text must be a	1	me of load oil a	nd must be equal to or ex	ceed top allow	
OIL WELL	able for this de	pth or be for full 24 hour Producing Method (Flor	r)			
Date First New Oil Run To Tanks	Date of Test	Producing Mothod (Flot	u, pump, gas ciji	, elc.)		
Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
		Water - Bble.		Gas - MCF		
Actual Pred, During Test	Cil-Bble.					
l	I	d		/		
GAS WELL	I should be the set	Bble. Condensate/MMC	F	Gravity of Condensate		
Actual Frod. Teet-MCF/D	Length of Test		•	NA		
2861 MCFD Tealing Method (pitot, back pr.)	4 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut		Choke Size		
Back Pressure	540 flowing					
CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION					I	
I hereby certify that the rules and r	APPROVED		,	19		
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.		BY_ Q. a. Gresset		resset		
		SUPERVISOR, DISTRICT I				
		be filed in c	ompliance with RULE	1104.		
Fanice meek		This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation				
(Signature)		well, this form mus	it be accompan	dance with MULE 111.	TUB COALWOID	

Agent

June 14, 1982 (Date)

(Title)

well, this form must be	eccompanied by a tabulation in accordance with MULE	on of the deviation 111.
testa laken on the wer	in accolumes with nows	

All vections 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 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.





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P.O. BOX 3759 ABILENE, TEXAS 79604 PHONE 915/677-9121 Myrle Greathouse BOX 1300 CLOVIS STAR ROUTE ROSWELL, N. MEX. 88201 PHONE 505-622-0022 Monte Cowsert

February 17, 1982

Western Reserveš Box 2188 Hobbs, New Mexico 88240

RE: Bevmor Federal 24 #1 Chaves County, New Mexico

Deviation Test

682 1066 1407 2073 2868 3532 4000	·	3/4 1 3/4 1 1 1
4000		1

TEX-MEX DRILLING COMPANY

Vice President BY Cowsert. Monté

Subscribed and sworn to before me this 21 day of <u>214</u> 19 32 <u>Annual My Commission Expires</u>, 19 55.

RECEIVED

JUN 9 1982

O. C. D. ARTESIA, OFFICE NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

NOTICE OF GAS CONNECTION

DATE June 7, 1982

This is to notify the Oil Conservation Division that connection for the

purchase of gas from the	Western Reserves Oil Co.
	Operator
	ي. جن
Bevmore "24" Federal	<u>Well #1 - Unit Letter Unknown</u>
Lease	Well Unit
	the second s
24-5S-24E, Chaves Co.	Wildcat (Abo)
S.T.R.	Pool
- .	lung 2 1092
Transwestern	was made on June 3, 1982
Name of purchaser	

Transwestern Pipeline Company Company

H. N. Aicklen Representative

Supervisor Gas Purchase Contract Administration Title

cc: Operator Oil Conservation Division - Santa Fe