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SANTA FE, NEW MEXICO 87501

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U.S.N.		
LAND OFFICE		
TRANSPORTED:	OIL	
	GAS	
OPERATION		
EXEMPTION OFFICE		

RECEIVED

Address 105 South 4th St., Artesia, NM 88210

Other (Please explain)

MAY 25 '88

~~O. C. D.~~
ARTESIA OFFICE

DESCRIPTION OF WELL AND LEASE

Lease Name		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Sacra SA Com		7-Z	Pecos Slope Abo	State, Federal or Fee FEE	
Location					
Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>					
Line of Section <u>22</u> Township <u>6S</u> Range <u>25E</u> , NMPM, <u>Chaves</u> County					

DESIGNATION OF TRANSPORTER OF GAS AND LIQUIDS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					PO Box 159, Artesia, NM 88210	
Name of Authorized Transporter of casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Transwestern Pipeline Co.					PO Box 1188, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	22	6s	25e	Yes	5-24-88

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
5-20-83	6-30-83		4125'			4039'			
Elevations (DF, RKH, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3787.6' GR	Abo		3651'			3602'			
Perforations						Depth Casing Shoe			
3651-3706'						4049'			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	40'	
17-1/2"	13-3/8"	695'	700
12-1/4"	8-5/8"	1497'	800
6-1/4"	4-1/2"	4090'	400
		3623'	

OIL WELL			
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

Actual Prod. Test-MCF/D 2085	Length of Test 3 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pump, back pr.) Back Pressure	Tubing Pressure (khat-in) 320	Coating Pressure (khat-in) PKR	Choke Size 1/2"

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Gianita Sordella
(Signature)
Production Supervisor

Production Supervisor
(1114)

5-24-88

(11018)

APPROVED JUN 17 1988, 19

BY _____ Original Signed By _____

BY _____ Mike Williams
TITLE _____ Oil & Gas Inspector

This form is to be filed in compliance with RULE 100.

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.

Separate Form C-104 must be filed for each pool in multiple completed wells.