

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

JUL 30 1981

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
MARNEL PIPE & SUPPLY CO.	
Address Box 1037 Artesia, N.M. 88210	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
If change of ownership give name and address of previous owner _____	

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9-6-81
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 1	Pool Name, including Formation Double-L Qn. Assoc.	Kind of Lease State, Federal or Fee	State	Lease No. K-4321
Location Unit Letter 0 : 660 Feet From The South Line and 1650 Feet From The East Line of Section 1 Township 15 South Range 29 East, NMPM, Chaves Coun.					

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) North Freeman Avenue Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 Sec. Twp. Rge. 0 1 15 S 29 E
Is gas actually connected?	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.	Diff. Re
Date Spudded 3-25-81	Date Compl. Ready to Prod. 7-3-81	Total Depth 2012'	P.B.T.D. 2000'					
Elevations (DF, RKB, RT, GR, etc.) 3882.3' GL	Name of Producing Formation Queen Sand	Top Oil/Gas Pay 1955'	Tubing Depth 1935'					
Perforations 1955-58' (6-Holes)	Depth Casing Shoe 2012'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8-5/8" - 32#	382'	125-8xs "C" (15-8xs pfts)
6 1/2"	4 1/2" - 9.5#	2012'	700-8xs "C" (1258xs pfts)
	2-3/8" EUU 8-Rd.	1936'	KCIRC CMT. BOTH STRINGS

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 Swab 6-27-81 (Pump 7-6-81)	Date of Test 7-6-81	Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24-Hours	Tubing Pressure 8#	Casing Pressure 5#
Actual Prod. During Test 68-BBLS.	Oil-Bble. 68-BBLS.	Water-Bble. 0-BBLS
		Gas-MCF TSTM

Pasted ID-1
+ Comp. Book
LT-NCO
8-7-81

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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.

Ruth A. Henry
(Signature)

ACCOUNTANT

(Title)

7-20-81

(Date)

OIL CONSERVATION DIVISION

AUG 03 1981

APPROVED _____, 19

BY N. A. GressittTITLE 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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.