

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

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FILE

U.S.U.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRODUCTION OFFICE

Oil Conservation Division

P. O. BOX 2088

Santa Fe, New Mexico 87501

Form C-104
Revised 10-1-78

RECEIVED

SEP 26 1980

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Stamford Natural Resources Group 1980-1

Address
c/o S & J Operating Company, P. O. Box 2249, Wichita Falls, TX 76307

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Change in Operator also;

Prior Operator: McClellan Oil Corp.

If change of ownership give name
and address of previous owner

McClellan Oil Corporation, P. O. Drawer 730, Roswell, NM 88201

DESCRIPTION OF WELL AND LEASE

Lease Name

East Henshaw Unit-Tract 15

Well No.

6

Pool Name, including Formation

West Henshaw Grayburg

Kind of Lease

State, Federal or Fee State

Lease No.

E-5131

Location

Unit Letter

0

Feet From The

S

Line and

1650

Feet From The

E

Line of Section

2

Township

16S

Range

30E

NMPM.

Eddy

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Navajo Refining Company

Address (Give address to which approved copy of this form is to be sent)

Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas

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

T

Sec.

2

Twp.

16S

Rge.

30E

Is gas actually connected?

When

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 Res'y.

Diff. Res'y.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, CR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE 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

GAS WELL

Actual Prod. Test - MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (prior, 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.

Signature

Petroleum Engineer (Agent for Stamford NRG)

February 25, 1980

Date

OIL CONSERVATION DIVISION

MAY 06 1981

APPROVED

BY

TITLE

SUPERVISOR, DISTRICT II

This form is to be filed in compliance with NULZ 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 deviate tests taken on the well in accordance with NULZ 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 filled for each pool in multiphase completed wells.