Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

O. C. Q.

AUG 28 '90

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DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TOTRA	NSPORT OIL	AND NATURAL GA	S					
Operator Happy Oil Co., Inc. Well API No. 3001522							0390051		
Address P.O.Box 770, Ar	tesia, N.M.	. 88210							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change in Oil Casinghead Gas	Transporter of: Dry Gas Condensate	Other (Please expla		1, 1990)			
If change of operator give name and address of previous operator	. LaRue and	i B.N. Mun	ncy Jr. P.O.B	ox 196	, Artesi	a, N	.M.88210		
Lease Name Hastie	tie Well No. Pool Name, Include Red Lake		ing Formation E (Q,G,SA) Kind of State,		of Lease Federal or Fee LC 045818A				
Location Unit LetterK	_ : 19 80	Feet From The	South 198	0 Fe	et From The	West	Line		
Section 18 Townshi	17S	Range 28E	, NMPM,		E	ddy	County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil XX or Condensate Navajo Refining Company Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Phillips Petroleum Co. If well produces oil or liquids, Unit Sec. Twp. Rge. give location of tanks. K 18 175 28E			Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, N.M. Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004						
If this production is commingled with that IV. COMPLETION DATA	 		<u> </u>	12/_	20/ 70				
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v		
Date Spudded 2/8/77	Date Compl. Ready to Prod. 2/18/77		Total Depth 1825	ial Depth 1825		P.B.T.D. 1825			
Elevations (DF, RKB, RT, GR, etc.) 3569 GL	3569' GL Gravburg		Top Oil/Gas Pay 1374:		Tubing Depth 1262				
Perforations 1774' - 1784' w/2	SPF & 1274	- 1284	w/2SPF		Depth Casing St 1825	10e			
HOLE SIZE		CASING AND JBING SIZE	CEMENTING RECOR	D	SAC	KS CEMI	ENT		
11"			312		125 Post ID-3				
7 7/8	43"		1825'		300 9-2-90				
		The state of the s					ngap		
V. TEST DATA AND REQUES OIL WELL (Test must be after r			be equal to or exceed top allo	wable for this	depth or be for f	ull 24 hou	rs.)		
Date First New Oil Run To Tank 2/20/77	Date of Test 2/20/77		Producing Method (Flow, pu Pumping						
Length of Test 24 Hr	Tubing Pressure 250 #		Casing Pressure 250#		Choke Size 2 "				
Actual Prod. During Test 30 bbl	Oil - Bbls.		Water - Bbls. 25		Gas- MCF 276				
GAS WELL					<u> </u>				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	lations of the Oil Conser that the information giv knowledge and belief.	vation	OIL CON		ATION DI		DN		
Signature Warren Hanson Agent			By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT IN						
Printed Name / 90 746-2262			Title SUPERVISOR, DISTRICT IT						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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