DISTRIBUTION SAHLAFE 1 11.15 U.S.G.S. LAND OFFICE

NEW MEXICO OIL CONSERVATION CONSSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Point C-104 Supervider Old C-104 and C-1, Effective 1-1-65

TRANSPORTER GAS /	-		KECEIVED
OPERATOR / PROBATION OFFICE Operator			OCT 12 1978
Vator Potroloum Compounting			
Address 207 South 4th S	treet - Artesia, NM	88210	D. C. C.
Reason(s) for filing (Check proper bas		Other (Please explain)	
New Well	Change in Transporter of:		•
Recompletion Change in Ownership	OII Dry C	F= 1	
	Casinghead Gas Cond	ensate []	
If change of ownership give name and address of previous owner	C-5911		
DESCRIPTION OF WELL AND	LEASE E, Cottonwood	Creek atola GAS	
Lizzie Howard H.	Well No. Pool Name, including K 1 Gma. Atoka		Lease 1.5.
Location		Side, r	ederal or Fee F'ee
Unit Letter K : 23	10 Feet From The South Li	Ine and 1980 Feet 7	rom The West
Line of Section 13 To	wn:ship 16S Range	25E , NMPM,	Eddy County
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)			
Navajo Crude Oll Purchasing Company North Freeman Ave. Nome of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which app			
Transwestern Pipeline Company P.O. Box 2521-Ho		· · · · · · · · · · · · · · · · · · ·	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When 10-12-78
	K 13 16S 25E	Yes	10-13-78
COMPLETION DATA	th that from any other lease or pool,		
Designate Type of Completion	on - (X) Oil Well Gas Well X	Now Well Workover Deepen	
Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.
2-18-77	4-13-77	7407	7404 •
Elevations (DF, RKB, RT, GR, etc.) - 3428	Name of Producing Formation Atoka	Top Oil/Gas Pay 7178*	Tubing Depth 7121
Perforations		11/0	Depth Casing Shoe
7178-84			7404 '
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	64646 65454
17 1/2	13 3/8"	365	SACKS CEMENT 380
12 1/4	8 5/8"	1165	1225
7 7/8	4 1/2" 2 3/8"	7404	600
EST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow-
OII, WELL, Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours)	<u></u>
odo . no new on nun 10 10.123	Date of Test	Producing Method (Flow, pump, ga	s tift, etc.)
ength of Test	Tubing Pressure	Casing Pressure	Choke Size
ketual Prod. During Tool	Oil-Bbls.	Water-Bbls.	10-3
•		ndter - ppie.	Gao-MCF
			TO THE P
AS WELL Return Fred, Toot-MCF/D	Length of Test	Bbls. Condensate/MMCF	ad the
500	4	TSTM	Gravity of Condendate
feeting Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	2268	Pkr	1/4"
ERTIFICATE OF COMPLIANC	Æ		VATION COMMISSION
omminator have been complied with and that the information given		APPROVED 0CT 2 5 1978 19	
		DY W. a. Gressett	
M. d.		TITLE SUPERVISOR, DISTRICT II	
Sudia onlus		This form is to be filed in compliance with RULE 1104, If this is a request for allowable for a newly difficilly decembed	
(Signature)		well, this form must be recommend by a tabulation of the deviation tests taken on the well in accordance with MULE, 111.	
Christine Tomlinson, Geological Sec.		All sections of this form must be filled out completely for allow-	
October 12, 1978		Fill out only Contions I. H. M. and VI for changes of owner,	
(Dute)		well name or number, or transporter, or other such thange of condition.	