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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

RECEIVED BY
Effective 1-1-65
FEB 06 1984
O. C. D.
ARTESIA, OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
 Operator: H & S Oil Company ✓
 Address: 216 American Home Building - Artesia, NM 88210
 Reason(s) for filing (Check proper box):
 New Well Re-entry Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain): CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-2-84 UNLESS AN EXCEPTION TO RULE 306 IS OBTAINED ✓
 If change of ownership give name and address of previous owner: A. Nelson Muncy - P. O. Box 1037 - Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Muncy Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Red Lake Q.G.S.A.</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 02931</u>
Location Unit Letter <u>F</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>17 S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159-Artesia, NM 88210</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville, Okla.</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>13</u>	Twp. <u>17S</u>	Rge. <u>27E</u>
	Is gas actually connected?		When	
	<u>No</u>			

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"/> Re-entry	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>12/3/83</u>	Date Compl. Ready to Prod. <u>1/27/84</u>		Total Depth <u>2355</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>3522.2 GR</u>	Name of Producing Formation <u>San Andres</u>		Top Oil/Gas Pay <u>2237 1672</u>		Tubing Depth <u>2200</u>			
Perforations <u>1672-1721 2237-2277</u>				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>8 5/8 "</u>	<u>Previous Owner</u>	
<u>7 7/8 "</u>	<u>5 1/2 "</u>	<u>2355'</u>	<u>515</u>
	<u>2 3/8 "</u>	<u>2200'</u>	

V. 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 <u>1/18/84 (test tank)</u>	Date of Test <u>1/27/84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping - Metal 1 1/2 subsurface</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>50 bbls.</u>	Oil-Bbls. <u>4</u>	Water-Bbls. <u>46</u>	Gas-MCF <u>est. 20 MCF</u>

GAS WELL

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. CERTIFICATE OF COMPLIANCE

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

Herbert R. Spence
(Signature)
Partner
(Title)
2/3/84
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 29 1984, 19____
BY Leslie A. Clements
Supervisor District II
TITLE _____

This form is to be filed in compliance with RULE 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 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.
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 filed for each pool in multiply completed wells.