STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
APR 13 1983
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION		
SANTA FE	✓	✓
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	
OPERATOR		✓
PRORATION OFFICE		

Operator
C.E. LaRue & B.N. Muncy, Jr. ✓

Address
P.O. Box 196, Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	X	Change in Transporter of:	
Recompletion		Oil	Dry Gas
Change in Ownership		Casinghead Gas	Condensate

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
5/23/83
From MMS

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

R-7227 3/2/83

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Amoco Federal	2	Bunker Hill Penrose Assoc.	State, Federal or Fee Federal	NM 18620

Location
Unit Letter K : 940 ~~1780~~ Feet From The South Line and 2050 ~~1980~~ Feet From The ~~West~~ East

Line of Section 23 Township 16S Range 31E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P.O. Box 175, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	23	16S	31E	NO	

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'v.	Diff. Res'v
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-15-83	4/10/83	~~3452'~~	~~3452'~~
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4217'GL	Penrose	3452'	3450'
Perforations			**Depth Casing Shoe**
3452'-3468' 2 per ft			3520'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	8 5/8" API 24#	1104'	450 sacks circulated
7 7/8"	5½" 15½#	3420'	300 sacks
	2 7/8	3450	

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4/10/83	4/11/83	Pump	Post ID-2 4-22-83 bump + BK
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	-0-	-0-	2"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	37	-0-	20

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**

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)

Operator
(Title)

April 12, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 22 1983, 19

BY Original Signed By Leslie A. Clements

TITLE 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 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.