

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

I. Operator George A. Denton

Address P.O. Box 1252, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) Change of Operator and Request for Allowable

If change of ownership give name and address of previous owner Hegwer Drilling Co., 806 Clayton, Artesia, New Mexico 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hegwer</u>	Well No. <u>#1</u>	Pool Name, including Formation <u>Empire Yates Seven Rivers</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC-062849</u>
Location				
Unit Letter <u>D</u>	<u>360</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u>			
Line of Section <u>35</u>	Township <u>17 S.</u>	Range <u>27 E.</u>	<u>NMPM</u>	<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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Co.</u>	<u>P.O. Box 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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
	<u>D: 35 17S. 27E.</u> <u>No</u> <u>12-6-85</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

George A. Denton
George A. Denton
(Signature)
Operator
(Title)
11-19-85
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 26 1985, 19 _____
BY _____ Original Signed By
Mike Williams
TITLE _____ Oil & Gas Inspector

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX		X					
Date Spudded 3-2-84	Date Compl. Ready to Prod. 4-2-84	Total Depth 418'			P.B.T.D. 407'				
Elevations (DF, RKB, RT, CR, etc.) 3547' G.R.	Name of Producing Formation EMPIRE Yates-Seven Rivers	Top Oil/Gas Pay 403-407'			Tubing Depth 400'				
Perforations Open Hole 403-407'						Depth Casing Shoe 408'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
6 5/8"	4 1/2"	403'	70 Sacks Class C
	2 3/8"	400'	

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)

Date First New Oil Run To Tanks 4-2-84	Date of Test 11-19-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 8 BOFD	Oil-Bbls. 8 BOFD	Water-Bbls. 2 BWPD	Gas-MCF 15.5M

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size