

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R.
		X			Re-entry				
Date Spudded 7/27/92		Date Compl. Ready to Prod. 8/6/92		Total Depth 9600			P.B.T.D. 7500		
Elevations (DF, RKB, RT, CR, etc.) 3587.7 GL		Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 6490			Tubing Depth 6385		
Perforations 6490-6544							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	400	560
12 1/4	8 5/8	2000	800
7 7/8	5	4050	2000
7 7/8	2 7/8" Casing	6385	

V. 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 8/7/92	Date of Test 8/9/92	Producing Method (Flow, pump, gas lift, etc.) Pump 1 1/2 x 2 1/2 x 16'	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 68	Water - Bbls. 0	Gas - MCF 73

GAS 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

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

AUG 20 1992

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LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

O. C. D.

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator W.O.G., Inc.	
Address P. O. Box 1813, Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Re-entry completed 8/6/92 (Former Operator: Champlin Petroleum Inc)	

If change of ownership give name
and address of previous owner

Post ID-2
9-4-92
comp & BR

II. DESCRIPTION OF WELL AND LEASE

Lease Name Crow Flats A Federal	Well No. 1	Pool Name, including Formation Dog Canyon Wolfcamp	Kind of Lease State, Federal or Fee Federal	Lease No. NM 548
Location				
Unit Letter H	1980	Feet From The North	Line and 760	Feet From The East
Line of Section 30	Township 16S	Range 28E	NMPM, Eddy	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)	
Scurlock Permian Corporation	P. O. Box 4648, Houston, TX 77210-4648	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
GMP Gas Corporation	9C1 Adams Building, Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 30
	Twp. 26S	Rge. 28E
	Is gas actually connected?	When
	Yes	8/92

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.

President

8/12/92

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 28 1992

BY ORIGINAL SIGNED BY
MIKE WILLIAMS
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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.