STATE OF NEW MEXICO
Y AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED BY
JUN 25 1984
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: CASA PETROLEUM, INC. ✓

Address: [illegible] N. SIXTH ST. ARTESIA, NEW MEXICO 88210

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-25-84 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
MICHAEL STATE	1	~~Pecos Valley~~ QUEEN GRAYBURG	State, Federal or Fee STATE	L-[illegible]

Location

Unit Letter H : 1650 Feet From The NORTH Line and 306 Feet From The EAST

Line of Section 25 Township 17S Range 27E NMPM EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: NAVAJO CRUDE OIL PURCHASING
Address (Give address to which approved copy of this form is to be sent): P.O. BOX 1758, ARTESIA, NM 88210

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: PHILLIPS PETROLEUM COMPANY
Address (Give address to which approved copy of this form is to be sent): PRICE TOWER ANNEX, BARTLESVILLE, OK.

If well produces oil or liquids, give location of tanks. Unit H Sec. 25 Twp. 17S Rge. 27E
Is gas actually connected? NO
When: WAITING ON PIPE LINE

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.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5/16/84	6/10/84	2038	2000

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3541	Q, GB, SA	~~1200~~ 1122	1750

Perforations: 1122-1[illegible]; 1415-1582; 1630-1700
Depth Casing Shoe: 2010

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	350	200
7 7/8"	4 1/2"	2010	50
	2 7/8	1750	

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.)
6/11/84	6/12/84	[illegible]

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HOURS	-0-	15	3/4

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
3[illegible]	3	3	[illegible]

Post ID 2
6-29-84
Comp + BK

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

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)

(Title)

(Date)

OIL CONSERVATION DIVISION
APPROVED JUN 25 1984, 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 [illegible] well name or number, transporter, [illegible]

Separate [illegible] for [illegible] wells.