

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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RECEIVED BY
DEC 19 1984
OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
O. C. D. 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
C.E. Staples

Address
P. O. Box 8 Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hu State Husite</u>	Well No. <u>3</u>	Pool Name, including Formation <u>J. SR-B. G-S.A.</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E0633</u>
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>16 South</u> Range <u>31 East</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</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 159 Artesia, New Mexico 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Continental Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 460 Hobbs, New Mexico 88240</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>36</u>
	Twp. <u>16S</u>	Rge. <u>31E</u>
Is gas actually connected?	When <u>Yes</u> <u>12-17-84</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: None

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.

B. H. Hope
(Signature)
Superintendent
(Title)
12-19-84
(Date)

OIL CONSERVATION DIVISION
DEC 31 1984
APPROVED _____, 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-8-84	Date Compl. Ready to Prod. 8-30-84		Total Depth 4035		P.B.T.D. 4035 2765				
Elevations (DF, RKB, RT, GR, etc.) 4083 GL	Name of Producing Formation Grayburg San Andres Jackson		Top Oil/Gas Pay 3762		Tubing Depth 4000				
Perforations 2762-2924					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8		526		325				
	5 1/2		4035						
	2 3/8		4120						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Text 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 12/17	Date of Test 9/10	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure 20 lbs.	Casing Pressure 20%	Choke Size 2"
Actual Prod. During Test 12 Bbls.	Oil - Bbls. 12	Water - Bbls. 40 Bbls. frac	Gas - MCF TSTM

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