

RECEIVED BY

JUN 09 1986

O. C. D.
ARTESIA, OFFICESTATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator <u>J. Cleo Thompson</u>	
Address <u>4800 Republic Bank Tower, Dallas, Texas 75201</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry 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>West Square Lake Unit TR 6</u>	Well No. <u>6-9</u>	Pool Name, including Formation <u>Square Lake (GB-SA)</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>EC 063926</u>
Location Unit Letter <u>N</u> : <u>620</u> Feet From The <u>South</u> Line and <u>1445</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>16 S</u> Range <u>30E</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 Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 159, Artesia, New Mexico 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville, Oklahoma</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>13</u>
	Twp. <u>T16S</u>	Rge. <u>R30E</u>
	Is gas actually connected?	When
	<u>Yes</u>	<u>5-14-86</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.

Sais Cannady
(Signature)

Agent

(Title)

6-4-86

(Date)

OIL CONSERVATION DIVISION

SEP 5 1986

APPROVED _____, 19 _____

BY _____
Original Signed By
Les A. ClementsTITLE _____
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 9-30-85	Date Compl. Ready to Prod. 10-08-85			Total Depth 4000			P.B.T.D. 3945		
Elevations (DF, RKB, RT, GR, etc.), 3783.9	Name of Producing Formation GE-SA			Top Oil/Gas Pay 2977			Tubing Depth 3696		
Perforations 3708 - 2977 9578 - 3703							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	484	525
7 7/8	5 1/2	3999	1425
	2 7/8	3696	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 5-14-86	Date of Test 5-14-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 40	Casing Pressure 40	Choke Size
Actual Prod. During Test 60	Oil - Bbls. 10	Water - Bbls. 50	Gas - MCF TSTM

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