

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
RECEIVED BY P.O. BOX 2088
SANTA FE, NEW MEXICO 87501
DEC -8 1986
O. C. D. REQUEST FOR ALLOWABLE
AND
ARTESIA OFFICE
APPROVAL TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Baber Well Servicing Company ✓
Address
P. O. Box 1772 Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
☒ New Well ☐ Recompletion ☐ Change in Ownership
Change in Transporter of:
☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Acres State	Well No. 5	Pool Name, including Formation Yates - Seven Rivers	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>17 South</u> Range <u>27 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"/> Navajo Refining	Address (Give address to which approved copy of this form is to be sent) Box 159 Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 F	Sec. 36
	Twp. 17S	Rge. 27E
Is gas actually connected?	When No	

If this production is commingled with that from any other lease or pool, give commingling order number: No

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.


(Signature)

(Title)

December 1, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 9 1986, 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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re.
Date Spudded 11-12-86	Date Compl. Ready to Prod. 11-18-86	Total Depth 560'			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) GR 3617'	Name of Producing Formation Yates - Seven Rivers	Top Oil/Gas Pay 462'			Tubing Depth 525'				
Perforations 462-519						Depth Casing Shoe 560'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7 7/8"	4 1/2"	560'	
	2"	525'	

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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 11-19-86	Date of Test 11-19-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size N.A.
Actual Prod. During Test 30 BBLs.	Oil - Bbls. 30 BBLs.	Water - Bbls. 0	Gas - MCF TSTM

GAS WELL

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