STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTME DISTRIBUTION BANTA FE FILE U.S.G.B. LAND OFFICE TRANSPORTER GAS OPERATOR PRODATION OFFICE	RECEIVED FEB 18 O. C.	BY PC	D. BOX 2088 NEW MEX FOR ALLO AND	WABLE		Form C-104 Revised 10-01 Format 06-01 Page 1	
Operator Spectrum 7 Explo		many	/				
Address		mpany	<u> </u>	<u> </u>			
P. O. Box 10626	. Midland.	Texas 7	9702				
Reason(s) for filing (Check proper bo				Other (Please	e explain)		<u> </u>
X New Well		Fransporter of:					
Recompletion	X ou	[Dry Gas	CASING	HEAD GAS MU	ST NOT BE	
Change in Ownership	Cesting	head Gas		FLARED	AFTER 5-20	1-87	
					AN EXCEPTION		
If change of ownership give name and address of previous owner				- · · - · · ·	36 IS OBTAINEE		
and address of previous owner				KULE 3	JO 13 ODIAINEL	V	
II. DESCRIPTION OF WELL A	ND LEASE						
Lease Name	Well No. F	ool Name, Inclus	iing Formation		Kind of Lease	State	Lease No. LG-3965
State "24"		ndesignate	d Red Lak	e Queen/GE	State, Federal or Fee		
Location							
Unit Letter O : 19	80' Feet From	The East	Line and	660'	Feet From The	South	
· · · · · ·			20 5		n 4 4		
Line of Section 24 T	ownship 16-5	Bang	• 28-E	, NMPN	. Eddy		County
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NAT	URAL GAS	Give address	to which approved copy	y of this form is t	o be sent)
Name of Authorized Transporter of C							
Navajo Refining C		or Dry Gas (J. DIAWE.	r 159, Artes so which approved copy	y of this form is t	o be sent;
Name of Authorized Transporter of C	astudueda Cas			- ,		^ ·	ID-2
	Unit Sec.	Twp. R	le. la gas	actually connect	ed? When		<u>40 ~</u>
If well produces oil or liquids,		1 1		No	1	Lamp	- - .
give location of tanks.		1 10-5,2			<u> </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.

ふ (Signature) Engineer (Tule) 2/16/87

(Date)

OIL CONSERVATION DIVISION

APPROVED	FEB 2 4 1987	
RY	Original Signed By	
	Mike Williams	
TITLE	OII & Gas Inspector	

This form is to be filed in compliance with RULE 1104.

If this is a request for silowable for a newly drilled or deepend 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.

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IV. COMPLETION DATA

	()()	OII Well	Gas Well	New V	/ell	Workover	Deepen	Plug Back	Same Restv.	Diff. Res'v
Designate Type of Completi	on - (X)	X			X	•		1	1	•
Date Spudded	Date Compl	ate Compl. Ready to Prod.		Totes	Totel Depth			P.B.T.D.		
12/02/86	1/	1/10/87			2250'			1682'		
Clevations (DF, RKB, RT, GR, etc.)	Name of Pr			TopC	Top Otl/Gas Pay			Tubing Dep	th	
3571.0 GR	Penrose			1537'			1	1604'		
Perforations								Depth Casi	ng Shoe	
1537', 39', 53', 5	4', 55'	, 56',	62', 6	3',	74'	, 75',	97', 99	<u>'</u> 1	740'	
		TUBING,	CASING, AN	DCEM	ENTI	NG RECOR	D			
HOLE SIZE	CASI	NG & TUBI	TUBING SIZE DEPTH SET			SACKS CEMENT				
12-1/4"	12-1/4" 8-5/8"			327'			250 sx			
7-7/8"		5-1/2	11	Í		1740'			196 sx	
		2- 3/8	11			1604'				
								<u> </u>		
. TEST DATA AND REQUEST OIL WELL	FOR ALLC	WABLE (Test must be a able for this d	ifter reci epch or l	overy e for	of total volu full 24 hours	me of load oil d)	ind must be a	qual to or exc	eed top allo
Date First New Oil Run To Tanks	Date of Tee			Producing Method (Flow, pump, gas lift, etc.)						
1/22/87	2	/15/87	,	Pumping						
Longth of Test Tubing Press		esure .		Casing Preseure			Choke Size			
24 hrs		0				0				
Actual Prod. During Test	Oil-Bble.			Water-Bbis.			Gas • MCF			
	-	0 BO		ł		2 BW		6 6 6	MCFG	

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Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
eeling Method (pitol, back pr.)	Tubing Pressure (Shnt-ia)	Casing Pressure (Shut-is)	Choke Size