

Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Geology, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

JAN 22 1992

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Double I, Inc.		Well API No.
Address P.O. Box 98, Loco Hills, NM 88255		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Woolley Federal	Well No. 1	Pool Name, Including Formation Loco Hills Abo	Kind of Lease State, <u>Federal</u> or Fee	Lease No. LC029342--A
Location				
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line				
Section 21 Township 17S Range 30E , NMPM, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 21	Twp. 17S	Rge. 30E	Is gas actually connected? Yes	When? 2/8/91

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v <input checked="" type="checkbox"/>	Diff Res'v
Date Spudded 6/4/60	Date Compl. Ready to Prod. 12/5/90		Total Depth 6945'		P.B.T.D. 6770'			
Elevations (DF, RKB, RT, GR, etc.) 3636.4 GR	Name of Producing Formation Abo		Top Oil/Gas Pay 6667'		Tubing Depth 6732'			
Perforations 6686' - 6773'				Depth Casing Shoe 6935'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13 3/8"		452'		280			
11"	8 5/8"		3993'		2389			
7 7/8"	5 1/2"		6935'		630			

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 Tank 12/5/90	Date of Test 2/25-2/29/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 72 hrs.	Tubing Pressure 35	Casing Pressure 35	Choke Size 2"
Actual Prod. During Test 448.60 Bbl. Fluid	Oil - Bbls. 39.05	Water - Bbls. 409.55	Gas - MCF 31

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

VI. OPERATOR 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 Michael R. Butts
Printed Name **Michael R. Butts Mgr.-I & W Inc.**
Date **1/21/92** Title **(505) 677-2111**
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 27 1992**

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.