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| PRODUCTION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY AND
FEB 28 1985
O. C. D.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
DeltaUS Corporation
Address
3100-C North A Street, Midland, Texas 79705
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ 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 Green Federal | Well No. 8 | Pool Name, Including Formation Artesia QGSA | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter <u>B</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>17S</u> Range <u>29E</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 Company Pipeline Div. | Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum | Address (Give address to which approved copy of this form is to be sent) Odessa, Texas | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit D | Sec. 31 | Twp. 17S | Rge. 29E | Is gas actually connected? Yes | When 1-10-85 |

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 <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 10-12-84 | Date Compl. Ready to Prod. 11-3-84 | | Total Depth 2725' | | P.B.T.D. 2673' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3641' GR | Name of Producing Formation Grayburg | | Top Oil/Gas Pay 2414' | | Tubing Depth 2462' | | | |
| Perforations 2414' - 2604' | | | | | Depth Casing Shoe 2717.9' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 11" | 7 5/8" | | 460' | | 250 Post ID-2 | | | |
| 6 1/2" | 4 1/2" | | 2717.9' | | 450 3-8-85 | | | |
| | 2 3/8" | | 2462' | | ---- Grayburg BK | | | |

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 11-9-84 | Date of Test 12-3-84 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hrs | Tubing Pressure 20 psi | Casing Pressure 20 psi | Choke Size 1" |
| Actual Prod. During Test 80 | Oil-Bbls. 20 | Water-Bbls. 60 | Gas-MCF 25 |

1250' / 1000

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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Don Brown
(Signature)

Senior Engineer

(Title)

2-21-85

(Date)

OIL CONSERVATION COMMISSION

MAR 6 1985

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.