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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
Energy, Minerals and Natural Resources Department

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

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

JAN 25 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator Socorro Petroleum Company	Well API No. 30-015-26203
Address P.O. Box 38, Loco Hills, NM 88255	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 H.E. West "B"	Well No. 47	Pool Name, Including Formation Grayburg/Jackson SR-B-6-SA	Kind of Lease <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/>	Lease No. LC-029426-B
Location Unit Letter B : 890 Feet From The North Line and 1980 Feet From The East Line Section 9 Township 17S Range 31E, NM PM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks. Unit Soc. Twp. Rge. F 10 17S 31E	Is gas actually connected? When? Yes 1/5/90
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 XX Gas Well New Well XX Workover Deepen Plug Back Same Res'v Diff Res'v	Date Spudded 12/2/89	Date Compl. Ready to Prod. 1/7/90	Total Depth 3922'	P.B.T.D. 3805'
Elevations (DF, RKB, RT, GR, etc.) 3899' GR	Name of Producing Formation Grayburg San Andres	Top Oil/Gas Pay 3265'	Tubing Depth 3743'	Depth Casing Shoe 3922'
Perforations 3265-3444', 3501-3613', 3734-3819', 3842-3859'				
TUBING, CASING AND CEMENTING RECORD				
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 539'	SACKS CEMENT 350 sx. CI. C	
7 7/8"	5 1/2"	3922'	900 sx. LW + 500 sx. CI	
2 3/8"	3743'	Part # 10-2 2-16-90 Comp & BH		

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 1/7/90	Date of Test 1/12/90	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls. 51	Water - Bbls. 80
		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
Ben D. Gould
Printed Name
Ben D. Gould
Date
1/24/90
Title
Manager
Telephone No.
505/677-2360

OIL CONSERVATION DIVISION

Date Approved
FEB 9 1990

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.