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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

RECEIVED
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page
JAN 25 '90
6T DP

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

J. C. D.
ARTESIA, OFFICE

I.

| | |
|--|-------------------------------------|
| Operator Socorro Petroleum Company | Well API No. 30-015-26212 |
| 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: 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 H.E. West "A" | Well No. 17 | Pool Name, Including Formation Grayburg/Jackson | Kind of Lease State, Federal, Other | Lease No. LC-029426-A |
| Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 4 Township 17S Range 31E , 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"/> 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 checked="" 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 A Sec. 4 Twp. 17S Rge. 31E | Is gas actually connected? Yes When? 1/11/90 |

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) XX | Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/> | | |
| Date Spudded 12/12/89 | Date Compl. Ready to Prod. 1/6/90 | Total Depth 3954' | P.B.T.D. 3906' |
| Elevations (DF, RKB, RT, GR, etc.) 3919' GR | Name of Producing Formation Grayburg San Andres | Top Oil/Gas Pay 3273' | Tubing Depth 3723' |
| Perforations 3273-3508', 3633-3726', 3776-3839' | | | Depth Casing Shoe 3948' |
| TUBING, CASING AND CEMENTING RECORD | | | |
| HOLE SIZE 12 1/4" 7 7/8" | CASING & TUBING SIZE 8 5/8" 5 1/2" 2 3/8" | DEPTH SET 575' 3948' 3723' | SACKS CEMENT 350 sx. C1. C 600sx. HLC + 575sx. C1 Post ID-2 2-9-90 comp & BK |

V. TEST DATA AND REQUEST FOR ALLOWABLE

| | | | |
|---|--------------------------------|---|------------------------|
| Date First New Oil Run To Tank 1/6/90 | Date of Test 1/12/90 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs. | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. 80 | Water - Bbls. 115 | Gas - MCF 55 |

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** Manager
Printed Name **Ben D. Gould** Title
Date **1/24/90** Telephone No. **505/677-2360**

OIL CONSERVATION DIVISION

Date Approved **FEB 6 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.