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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

JUL 14 1992

O. C. D.
OFFICE

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 SOCORRO PETROLEUM CO.	Well API No. 30-015-26664
Address P.O. BOX 37, LOCO HILLS, NM 88255	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input 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 _____	
Casinghead Gas MUST NOT BE FLARED AFTER <u>9/30/92</u> UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED	

II. DESCRIPTION OF WELL AND LEASE

Lease Name TURNER "B"	Well No. 102	Pool Name, Including Formation Grayburg-Jackson (G-SA)	Kind of Lease State, Federal or Fee	Lease No. LC-029395-B
Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>North</u> Line and <u>2590</u> Feet From The <u>East</u> Line Section <u>20</u> Township <u>17S</u> Range <u>31E</u> , <u>NMPM</u> , <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"/> TEXAS-NEW MEXICO PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, NM 88241-2528					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1267, PONCA CITY, OK 74603					
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>20</u>	Twp. <u>17S</u>	Rge. <u>31E</u>	Is gas actually connected? No	When? As Soon As possible

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	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 5-26-92	Date Compl. Ready to Prod. 7-8-92		Total Depth 3815'		P.B.T.D. 3702'			
Elevations (DF, RKB, RT, GR, etc.) 3659' GL	Name of Producing Formation Grayburg San Andres		Top Oil/Gas Pay 2769'		Tubing Depth 3321'			
Perforations 2769 - 3662'					Depth Casing Shoe 3815'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		318'		450 Sx. 40Sx circ to pit			
12 1/4"	8 5/8"		1275'		600 Sx. 100Sx circ to pit			
7 7/8"	5 1/2"		3815'		1100Sx. 180Sx circ to pit			

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 7-8-92	Date of Test 7-8-92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 475#	Casing Pressure 200#	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 143	Water - Bbls. 572	Gas - MCF 78.7

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
Robert G. Setzler Prod. Mgr.

Printed Name
7-14-92 505-677-3223

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 24 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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

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