Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico F-rgy, Minerals and Natural Resources Departme-

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

OIL CONSERVATION DIVISION

P.O. Box 2088

11.1

JUL 2 9 1992

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT II

MIKE WILLIAMS

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DISTRICT III		38	ınıa re	, New N	lexico 8/3	04-2088		JUL :	- 8 19 9 2		
1000 Rio Brazos Rd., Aztec, NM 87410					BLE AND			٥.	C. D	Б	
I. Operator		TO TRA	NSP	ORT O	L AND NA	TURAL G		5 40 TX 831 2	CHEFICE.		
Socorro U.	(e),						Well API No. 30-015-26696				
Address P.O. Box 37	ORATION		Ph. 50	5-677-	-3223)		1 30	-013-200	90		
Loco Hills, New	Mexico	-		,,,							
Reason(s) for Filing (Check proper box)					Oth	er (Please exp	lain CASIN	GHEAD C	AS AALIC	ST NOT BE	
New Well Recompletion	0.1	Change in					ELADE	O 1 12 7 2	- I	I NOT BE	
Change in Operator	Oil Casinghea	L_J ad Gas []	Dry Ga Conder				FLARE	AFTER.	9/24	192	
If change of operator give name	- Casing ii		Conde	1881C			UNLES:	AN EX	EPTION	FROM	
and address of previous operator				······································		····	IHE B.	L.M. IS C	JBTAINE [}	
II. DESCRIPTION OF WELL	AND LE										
Lease Name	C							t of Lease No. Lease No. Federal or Fee			
Turner "B" Waterflood Location		104	Gray	burg-	Jackson	(G-SA)	-31216	, receial of re	LC 02	29395-В	
				_							
Unit Letter N	_ :16	0'	Feet Fr	om The 👱	South Lin	e and $\frac{\pm 3}{}$	0. F	eet From The	West	Line	
Section 17 Townshi	p 17S		Range	31Ė	. N	мрм, Е	ddy			County	
		····· / //	······		•						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE			D NATU							
	THEY ACTIVITY WHILE APPLIED THE THE STATE OF							· · · · · · · · · · · · · · · · · · ·			
Name of Authorized Transporter of Casin	ghead Gas	X	or Dry	Gas [Address (Giv	28, Hobb e address to w	s, N.M.	88241-2	528		
CONOCO		نف	o. <i>o.</i> ,	· —	1	ox 1267,				eni)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.			Rge.	Is gas actually		When				
	L	20	17S	31E	NO		A	S SOON AS POSSIBLE			
f this production is commingled with that IV. COMPLETION DATA	from any oth	ier lease or	pool, giv	e comming	ling order numl	per:	NA				
		Oil Well		as Well	New Well	1 37. 1.	1				
Designate Type of Completion	- (X)	X	1	DAR MEII	i	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth		1	P.B.T.D.	L		
6-1-92	7-6-				3648'			3320'			
Elevations (DF, RKB, RT, GR, etc.)	l .	roducing Fo			Top Oil/Gas I	ay	**************************************	Tubing Depth			
3672 GL Perforations	Graybu	rg-San	Andr	es	2810'			3243.92'			
<u> 2810' - 3094'</u>								Depth Casin	_		
	T	UBING	CASIN	IG AND	CEMENTIN	IC PECOD	<u> </u>	3648	·		
HOLE SIZE	CAS	SING & TU	BING S	IZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8		48		33			450 sx Port In-2			
12-1/4"	8-5/8		24	#	126			600 sx 8-14-92			
7-7/8"	5-1/2	···	14	#	364	8'		1000 s	× com	1 4 1	
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE							· 	
IL WELL (Test must be after re	covery of to	al volume o	f load oi	l and must	be equal to or i	exceed top allo	wahle for this	danth or he G	an 6.11.24 t	\	
	Date of Tes	t			Producing Met	hod (Flow, pu	mp, gas lift, e	ic.)	ir juli 24 now	rs.)	
7-3-92 ength of Test	7-5				Pump						
	Tubing Pressure				Casing Pressure			Choke Size			
24 HR. Actual Prod. During Test	NA Oil - Bbls.				30# Water - Bbls			NA NOS			
128 Bbls.	72							Gas- MCF			
GAS WELL		12			56		···	37.7			
actual Prod. Test - MCF/D	Length of T	est			BUL COLUMN						
NA	p 01 1				Bbls. Condens:	ile/MMCF		Gravity of Co	indensate		
esting Method (pitot, back pr.)	Tubing Pres	sure (Shut-i	n)		Casing Pressun	e (Shut-in)		Choke Size			
					G			CHOKE SIZE			
I. OPERATOR CERTIFICA	TE OF	СОМРІ	LANC	E				·			
I hereby certify that the rules and regulat	ions of the O	ii Concarus	tion	-	0	IL CON	SERVA	TION D	IVISIO	N	
Division have been complied with and the	at the inform	tation given	above	Ì			- *			• •	

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

LONG

Signatur

Date

Printed Name

7-7

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

Date Approved _

2) All sections of this form must be filled out for allowable on new and recompleted wells.

505-622-1299 Telephone No.

Title

- 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.