

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

AUG 28 1992

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

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

O. C. D.  
ARTESIA, NEW MEX.

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator SOCORRO PETROLEUM CO. ✓	Well API No. 30-015-26706
Address P.O. BOX 37, LOCO HILLS, NM 88255	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name TURNER "B"	Well No. 106	Pool Name, Including Formation Grayburg Jackson	Kind of Lease State, Federal or Fee	Lease No. LC-029395-B
Location				
Unit Letter P	: 15'	Feet From The South	Line and 1305'	Feet From The East
Section 17	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	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 type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO, INC.	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 P	Sec. 17
	Twp. 17S	Rge. 31E
	Is gas actually connected? Yes	When? 8-4-92

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-24-92	Date Compl. Ready to Prod. 8-8-92	Total Depth 3863'	P.B.T.D. 3811'					
Elevations (DF, RKB, RT, GR, etc.) GL 3698', KB 3709'	Name of Producing Formation Grayburg	Top Oil/Gas Pay 2762'	Tubing Depth 3677'					
Performations 2762-3718'	Depth Casing Shoe 3861'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8" J55	341'	400 SX					
12 1/4"	8 5/8" J55	1316'	400 SX					
7 7/8"	5 1/2" J55	3861'	900 SX					
	2 7/8" TBG	3677'						

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 8-4-92	Date of Test 8-8-92	Producing Method (Flow, pump, gas lift, etc.) Producing	
Length of Test 24 HOURS	Tubing Pressure	Casing Pressure 70#	Choke Size 14/64"
Actual Prod. During Test	Oil - Bbls. 124	Water - Bbls. 233	Gas- MCF 32

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. Seitzler Prod. Mgr.  
Printed Name 8-25-92 505-677-3223 Title  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 16 1992  
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.