

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SOCORRO PETROLEUM COMPANY	Well API No. 30-015-26791
Address P.O. BOX 37, LOCO HILLS, NEW MEXICO 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 H.E. WEST "B"	Well No. 49	Pool Name, Including Formation GRAYBURG - JACKSON	Kind of Lease State, Federal or Fee	Lease No. LC 029426-B
Location Unit Letter M : 1305 Feet From The SOUTH Line and 1305 Feet From The WEST Line Section 3 Township T17S Range R31E, 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"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528, HOBBS, NM 88241-2528					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 M	Sec. 3	Twp. 17S	Rge. 31E	Is gas actually connected? -----	When ? -----

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-5-93	Date Compl. Ready to Prod. 8-30-93		Total Depth 4350'		P.B.T.D. 4276'			
Elevations (DF, RKB, RT, GR, etc.) KB 3948'	Name of Producing Formation GRAYBURG-JACKSON		Top Oil/Gas Pay 3314'		Tubing Depth 3962'			
Perforations 3532' - 3454', 3417' - 3396', 3367' - 3361' & 3318' - 3314'					Depth Casing Shoe 4350'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 - 5/8" J-55		618'		300SX			
7 - 7/8"	5 - 1/2" J-55		4350'		1300SX			
	2 - 7/8"		3962'					

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 8-31-93	Date of Test 8-31-93	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 15 HRS	Tubing Pressure 0	Casing Pressure 20#	Choke Size ---
Actual Prod. During Test ---	Oil - Bbls. 10	Water - Bbls. 200	Gas - MCF 7.5

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, PRODUCTION MANAGER
Printed Name
6 OCT 93
Date
(505) 677-3223
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 29 1993
By M. H. Walker
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.