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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

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 COMPANY	Well API No. 30-015-27109
Address P.O. BOX 37, LOCO HILLS, NEW MEXICO 88255	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: OCT 18 1993 Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> C.L.D.	
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. 50	Pool Name, Including Formation G-I-SR-B-G-SA	Kind of Lease State, Federal or Fee	Lease No. LC 029426-B
Location Unit Letter N : 50 Feet From The SOUTH Line and 1400 Feet From The WEST Line Section 3 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 COMPANY	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"/> CONOCO INCORPORATED	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 N	Sec. 3	Twp. 17S	Rge. 31E	Is gas actually connected? Yes	When? 9-17-93

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 03/04/93	Date Compl. Ready to Prod. 07/21/93		Total Depth 4356'		P.B.T.D. 4285'			
Elevations (DF, RKB, RT, GR, etc.) KB 3927'	Name of Producing Formation SAN ANDRES-GRAYBURG		Top Oil/Gas Pay 3300'		Tubing Depth 3863'			
Perforations 3980'-3825' and 3553'-3300'					Depth Casing Shoe 4356'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	13-3/8" J-55		576'		250 SX			
7-7/8"	5-1/2" J-55		4356'		1900 SX			
					Post ID-2 11-26-93 camp 4 BR			

V. TEST DATA AND REQUEST FOR ALLOWABLE

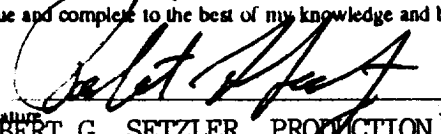
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 9/17/93	Date of Test 9/17/93	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure ---	Casing Pressure 20	Choke Size ---
Actual Prod. During Test ---	Oil - Bbls. 35	Water - Bbls. 120	Gas- MCF 28,18

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 **ROBERT G SETZLER** Title **(505) 677-3223**
Date **10/11/93** Telephone No.

OIL CONSERVATION DIVISION

Date Approved **OCT 29 1993**

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.