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

MAY 27 1993

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator SOCORRO PETROLEUM COMPANY	Well API No. 30-015-27127
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 H.E. WEST "A"	Well No. 22	Pool Name, including Formation ----- G-J	Kind of Lease State, Federal or Fee	Lease No. LC-029426-A
Location				
Unit Letter I	1345	Feet From The SOUTH	Line and 35	Feet From The EAST
Section 4	Township 17S	Range 3E	NMPM	County EDDY

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 Sec. Twp. Rge. Is gas actually connected? When ?
	I 4 17S 35E

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 2/3/93	Date Compl. Ready to Prod. 3/31/93	Total Depth 5022'	P.B.T.D. 3560'					
Elevations (DF, RKB, RT, GR, etc.) RKB 3939'	Name of Producing Formation GRAYBURG JACKSON	Top Oil/Gas Pay 3278'-3522'	Tubing Depth 3543'					
Perforations 3278'-3522 (43 HOLES)			Depth Casing Shoe 5022'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	13-3/8" J-55	604'	350 SX part ID-2
12-1/4"	8-5/8" J-55	1815'	750 SX 5-28-93
7-7/8"	5-1/2" J-55	5022'	1225 SX comp & BR
	2-7/8"	3543'	

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 4/2/93	Date of Test 4/2/93	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure -----	Casing Pressure 10#	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 49	Water - Bbls. 275	Gas - MCF 34.3

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.

Robert G. Setzler
 Signature
ROBERT G. SETZLER PRODUCTION MANAGER
 Printed Name
5/13/93 (505) 677-3223
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 24 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.