

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	2
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

JUN 17 1970

I. Operator **Madarko Production Company** **C.C.C.**  
Address **Box 67 Loco Hills, New Mexico 88255**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ Re-entry Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
If change of ownership give name and address of previous owner \_\_\_\_\_

**RECEIVED**  
JUN 16 1970  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Far West Loco Hills</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Loco Hills Grayburg</b>	Kind of Lease <b>Federal</b>	Lease No. <b>LC 058579</b>
Sand Unit - Tract No. 1				
Location				
Unit Letter <b>G</b>	<b>2310</b>	Feet From The <b>North</b>	Line and <b>1650</b>	Feet From The <b>East</b>
Line of Section <b>4</b>	Township <b>18 S</b>	Range <b>29 E</b>	<b>NMPM</b>	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)
<b>Texas-New Mexico Pipeline Company</b>	<b>P. O. Box 1510 Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <b>N</b> Sec. <b>9</b> Twp. <b>18 S</b> Rge. <b>29 E</b> Is gas actually connected? <b>No</b> 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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <b>5-18-70</b>	Date Compl. Ready to Prod. <b>5-28-70</b>	Total Depth <b>2655</b>	P.B.T.D. <b>2554</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3525 GL</b>	Name of Producing Formation <b>Grayburg</b>	Top Oil/Gas Pay <b>2512</b>	Tubing Depth <b>2530</b>					
Perforations <b>2512-23 Bullets, 3/ft</b>	Depth Casing Shoe <b>2554</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>18"</b>	<b>12 3/4"</b>	<b>31'</b>	<b>Cement to surface</b>					
<b>7 7/8"</b>	<b>7"</b>	<b>393'</b>	<b>150</b>					
<b>4 1/2"</b>	<b>6 1/4"</b>	<b>2554</b>	<b>250</b>					
<b>4"</b>	<b>2 3/8"</b>	<b>2530</b>	<b>-</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

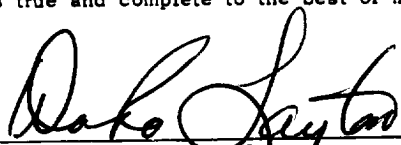
Date First New Oil Run To Tanks <b>8 June 1970</b>	Date of Test <b>11 June 1970</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <b>50</b>	Water - Bbls. <b>10</b>	Gas - MCF <b>60</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



**D. R. Lupton**  
District Superintendent  
(Title)

**4 June 1970**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 17 1970**, 19

BY **W. A. Gressett**

TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.