

NEW MEXICO OIL CONSERVATION CO. SSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

MAR 27 1975

I.

DISTRIBUTION			
ANTA FE			
ILE			
S.G.S.			
AND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator C. E. LaRue and B. N. Muncy, Jr.			
Address P. O. Box 196 Artesia, N. M. 88210			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
If change of ownership give name and address of previous owner H & S Oil Company		CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-24-75 UNLESS AN EXCEPTION TO IS OBTAINED	

II. DESCRIPTION OF WELL AND LEASE

Lease Name McClay GR	Well No. 4	Pool Name, Including Formation North Benson Queen	Kind of Lease State, Federal or Fee Federal	Lease No. LC 028978(b)
Location Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West				
Line of Section 34 Township 18S Range 30E , 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)			
Navajo Crude Oil Purchasing	P. O. Box 175 Artesia, N. M. 88210			
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 L	Sec. 34	Twp. 18S	Rge. 30E
				Is gas actually connected? No
				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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded March 24, 1975	Date Compl. Ready to Prod. 3/24/75	Total Depth 3419'	P.B.T.D. 3416'					
Elevations (DF, RKB, RT, GR, etc.) 3427' GR	Name of Producing Formation Queen	Top Oil/Gas Pay 2842'	Tubing Depth 2718'					
Perforations 2842'-2850' 2877'-2883'	TUBING, CASING, AND CEMENTING RECORD					Depth Casing Shoe 3416'		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10"	8 5/8"		650'		50			
8"	4 1/2"		3416'		350			

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 Tanks March 24, 1975	Date of Test March 26-27, 1975	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 20 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 156 bbls	Oil - Bbls. 116	Water - Bbls. 40	Gas - MCF TSTM

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.

Operator
(Signature)
March 26, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 28 1975**, 19
BY **Leon Bernstein**
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 Form C-104 must be filed for each well in multiple