

OIL CONSERVATION DIVISION

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

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JUN - 5 1992

O. C. D.
CENTRAL OFFICE

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 B & A Operating Company		Well API No. 300150457700
Address P.O. Box 136, Lovington, N.M. 88260		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" 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 Culwin Unit	Well No. 9	Pool Name, Including Formation Shugart, Yates, On, 7R, Grbg	Kind of Lease State, Federal or Fee	Lease No. 14 08000 18772
Location Unit Letter 0 : 540 Feet From The S Line and 1860 Feet From The E Line Section 36 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"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Broadway Bldg., Hobbs, N.M. 88240	
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 1	Sec. 36
	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 April, 1959	Date Compl. Ready to Prod. May, 1959	Total Depth 3193	P.B.T.D. 3131					
Elevations (DF, RKB, RT, GR, etc.) 3523 G.L.	Name of Producing Formation Queen Sand	Top Oil/Gas Pay 2090	Tubing Depth					
Perforations 7R, 2602-2612, 10 holes, CIBP @ 3040			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10	8 5/8 24#	700	25 Post TD-2
8	4 1/2 9.5	3131	75 6-12-92

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 March, 1992	Date of Test 03-10-92	Producing Method (Flow, pump, gas lift, etc.) P	
Length of Test 24 hr.	Tubing Pressure 40	Casing Pressure 25	Choke Size 2"
Actual Prod. During Test 18	Oil - Bbls. (20)	Water - Bbls. 55	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D NA	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 D.R. Bell
Printed Name D.R. Bell Manager/Operations
Title
Date 06-06-92 Telephone No. 396-3062

OIL CONSERVATION DIVISION

Date Approved JUN 8 1992

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.