

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

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

RECEIVED

JAN 22 1974

I. PRORATION OFFICE

Operator	Herman J. Ledbetter			O. C. C.
Address	P. O. Drawer M Hobbs, New Mexico 88240			
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"/>	Dry Gas <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pecos Shugart Queen Sand Unit Tract 3	Well No. 2	Pool Name, Including Formation Shugart Y. SR. Q. G.	Kind of Lease State, Federal or Fee Fed.	Lease No. LC070133
Location				
Unit Letter P	660	Feet From The South Line and 660	Feet From The East	
Line of Section 3	Township 18S	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"/>	Address (Give address to which approved copy of this form is to be sent)			
Texas-New Mexico Pipe Line Company	P. O. Box 1510 Midland, Texas 79701			
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)			
None				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 17	Twp. 18	Rge. 31
				Is gas actually connected? No

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-1-63	Date Compl. Ready to Prod. 1-18-74		Total Depth 3185		P.B.T.D. 3185			
Elevations (DF, RKB, RT, GR, etc.) 3673 GR.	Name of Producing Formation Queen		Top Oil/Gas Pay 3147		Tubing Depth 3143			
Perforations Open hole 3073-3185					Depth Casing Shoe 3073			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	10 3/4"		708 (Pulled 498)		50			
	7"		3073 (Pulled 1605)		100			
	7"		550		50			
	4 1/2"		1750		100			

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 1-18-74	Date of Test 1-19-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 35 barrels	Oil - Bbls. 35 barrels	Water - Bbls. 0	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.

Herman J. Ledbetter
(Signature)
Operator
1-21-74
(Date)

OIL CONSERVATION COMMISSION
JAN 25 1974
APPROVED _____, 19_____
BY **W. G. 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.