

DISTRIBUTION		5
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

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-11
Effective 1-1-65.

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APR 19 1973

Operator C & K Petroleum, Inc.		D. C. K.	
Address 607 Midland National Bank Bldg.			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vandiver Com.	Well No. 1	Pool Name, Including Formation West Atoka Morrow (Gas)	Kind of Lease State, Federal or Fee Fee
Location Unit Letter M ; 660 Feet From The West Line and 990 Feet From The South			
Line of Section 18 , Township 18-S Range 26-E , NMPM, Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Navajo Crude Oil Purchasing Company	P.O. Box 175, Artesia, N.M. 88210		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Transwestern Pipe Line Company	P.O. Box 2521 Houston, Texas 77001		
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 18	Twp. 18-S
		Rge. 26-E	Is gas actually connected? Yes
			When 26 4-18-73

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-10-73	Date Compl. Ready to Prod. 3-8-73	Total Depth 8938	P.B.T.D. 8931					
Pool West Atoka Morrow(Gas)	Name of Producing Formation Morrow	Top Oil/Gas Pay 8716	Tubing Depth 8664					
Perforations 8716 - 8802	Depth Casing Shoe 8938							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8"		513.52		550 sacks			
12 1/4"	8 5/8"		1234.65		700 sacks			
7 7/8"	4 1/2"		8937.66		500 sacks			
	2 7/8"		8664.00					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 7890	Length of Test 1 1/2 hrs.	Bbls. Condensate/MMCF 9.9	Gravity of Condensate 58
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 1475	Casing Pressure Packer	Choke Size 1/2

I. 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.E. Cooper
(Signature)

Administrative Supervisor

(Title)

April 18, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 3 1973, 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 Sections I, II, III, and VI only 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.

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MAY 2 1973

O. E. O.
ARTESIA, OFFICE