

DISTRIBUTION			
ANTA FE			
ILE			
S.G.S.			
AND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
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-1  
Effective 1-1-65

SEP 29 1975

RECEIVED

SEP 10 1975

O. C. C.

ARTESIA, OFFICE

O. C. C.

ARTESIA, OFFICE

Operator <b>C. E. LaRue and B. N. Muncy, Jr.</b>		Address <b>P. O. Box 196 Artesia, New Mexico 88210</b>	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/>		Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
		Casinghead Gas MUST NOT BE FLARED AFTER <u>11-4-75</u> UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED	

If change of ownership give name and address of previous owner H & L Oil Co 216 American Home Bldg. Artesia N. Mex. 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>McClay</b>	Well No. <b>9</b>	Pool Name, including Formation <b>Benson Queen Grayburg North</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>028978(b)</b>
Location Unit Letter <b>G</b> ; <b>1650</b> Feet From The <b>north</b> Line and <b>1650</b> Feet From The <b>east</b> Line of Section <b>33</b> Township <b>18S</b> Range <b>30E</b> , NMFM, <b>Eddy</b> 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"/> <b>Navajo Crude Oil Purchasing Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 175 Artesia, New Mexico 88210</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	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>G</b> Sec. <b>33</b> Twp. <b>18</b> Rge. <b>30</b>	Is gas actually connected? <b>No</b>	When <b>2-7-75</b>

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>August 18, 1975</b>	Date Compl. Ready to Prod. <b>September 4, 1975</b>	Total Depth <b>3435</b>	P.B.T.D. <b>3435</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3435 GL</b>	Name of Producing Formation <b>Grayburg</b>	Top Oil/Gas Pay <b>3344</b>	Tubing Depth <b>3330</b>					
Perforations <b>3348-3366 2 holes per foot</b>			Depth Casing Shoe <b>3435</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>11 1/2"</b>	CASING & TUBING SIZE <b>8 5/8" Used 29#</b>		DEPTH SET <b>516'</b>		SACKS CEMENT <b>150 Sacks circulated</b>			
<b>7 7/8"</b>	<b>4 1/2" New 9 1/2#</b>		<b>3435'</b>		<b>250 Sacks</b>			

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 <b>9/4/75</b>	Date of Test <b>9/6/75</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>580#</b>	Casing Pressure <b>-0-</b>	Choke Size <b>3/8</b>
Actual Prod. During Test <b>42 Bbl.</b>	Oil-Bbls. <b>30</b>	Water-Bbls. <b>12</b>	Gas-MCF <b>70</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.

**Operator**  
(Signature)  
**September 7/1975**  
(Date)

OIL CONSERVATION COMMISSION

SEP 29 1975

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **W.A. Gressett**  
TITLE **SUPERVISOR, DISTRICT II**

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 well in multiple.

# LaRue and Muncy

Phone 505-746-6652 • P. O. Box 196 • Artesia, New Mexico 88210

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McClay #9

Deviation Tests

O. C. C.  
ARTESIA, OFFICE

1650' from North and 1650' from East lines, Section 33, T 18S, R 30E.

516' -  $1/2^{\circ}$

2410' -  $1^{\circ}$

1860' -  $1/2^{\circ}$

3435' -  $3/4^{\circ}$

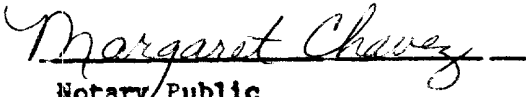
To the best of my knowledge and belief the above listed deviation tests are accurate and correct.

C. E. LaRue and B. N. Muncy, Jr.

  
B. N. Muncy, Jr.

STATE OF NEW MEXICO } ss  
COUNTY OF EDDY

The foregoing instrument was acknowledged before me this  
26th day of September, 1975 by B. N. Muncy, Jr.

  
Margaret Chavez  
Notary Public

My Commission Expires:

12-19-78