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TRANSPORTER OIL		
TRANSPORTER GAS		
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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

RECEIVED
APR 23 1976
O. C. C.
ARTESIA, OFFICE

I. Operator: Llano, Inc. ✓

Address: P. O. Box 1320, Hobbs, New Mexico 88240

Reason(s) for filing *(Check proper box)*
- New Well ☐
- Recompletion ☐
- Change in Ownership ☐
- Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

Other *(Please explain)*: Add Navajo Crude Oil Purchasing Co. as gatherer of condensate.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Higgins Trust, Inc.	1	Atoka Penn Morrow	Fee	

Location: Unit Letter A ; 990 Feet From The North Line and 990 Feet From The East

Line of Section 13 Township 18S Range 26E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒: Navajo Crude Oil Purchasing Co.

Address *(Give address to which approved copy of this form is to be sent)*: P. O. Drawer 175, Artesia, N.M. 88210

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒: Transwestern Pipeline Company

Address *(Give address to which approved copy of this form is to be sent)*: P. O. Box 2521, Houston, Tex. Attn: Mr. W.L. Vaughn

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	13	18S	26E	Yes	4-15-76

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Perforations			**Depth Casing Shoe**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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	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.

Jack Moody, Jack Moody
(Signature)

Manager of Operations and Construction
(Title)

April 21, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 23 1976, 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 correctly for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, or transporter, or other such change of condition.

OIL CONSERVATION COMMISSION
STATE OF NEW MEXICO
P. O. BOX 2088 – SANTA FE 87501

GAS
SUPPLEMENT
NUMBER ..../(NW)/ (SE) AR 352

DATE 4-21-76

NOTICE OF ASSIGNMENT OF ALLOWABLE TO A GAS WELL

The operator of the following well has complied with all the requirements of the Oil Conservation Commission and the well is hereby assigned an allowable as shown below.

Date of Connection 4-15-76 Date of First Allowable or Allowable Change 4-15-76
Purchaser Transwestern Pipeline Co. Pool Atoka-Penn.
Operator Llano, Inc. Lease Higgins Trust Inc.Com.
Well No. 1 Unit Letter A Sec. 13 Twp. 18 Range 26
Dedicated Acreage 320 Revised Acreage ____ Difference ____
Acreage Factor 1.00 Revised Acreage Factor ____ Difference ____
Deliverability ____ Revised Deliverability ____ Difference ____
A x D Factor ____ Revised A x D Factor ____ Difference ____

W. A. Gressett OCC District No. II

New Connection(N)(AOF 18462)

CALCULATION OF SUPPLEMENTAL ALLOWABLE

MONTH	% OF MO.	PREV. ALLOW.	REV. ALLOW.	PREV. PROD.	REV. PROD.	REMARKS
January						
February						
March						
April	.5333		94623			
May			144610			
June						
July						
August						
September						
October						
November						
December						
TOTALS						

Previous Status Adjustments .....
Allowable Production Difference .....
March Schedule O/U Status .....
Revised March O/U Status .....

RECEIVED
MAY 26 1976
O. C. C.
ARTESIA, OFFICE

Effective In June Schedule
Current Classification NC To N

Note: All gas volumes are in MCF @ 15.025 psia.

JOE D. RAMEY, *Secretary – Director*

By Joe Ramey

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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Supersedes Old C-104 and C-11
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RECEIVED
FEB 26 1976
O. C. C.
ARTESIA, OFFICE

I. Operator
Llano, Inc. ✓

Address
P.O. Box 1320, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

				Other (Please explain)
New Well	[X]	Change in Transporter of:		Add Com. to lease name
Recompletion	[ ]	Oil [ ]	Dry Gas [ ]	
Change in Ownership	[ ]	Casinghead Gas [ ]	Condensate [ ]	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Higgins Trust, Inc. Com.	1	Atoka Penn ~~Morrow~~	State, Federal or Fee Fee	N/A

Location
Unit Letter A : 990 Feet From The North Line and 990 Feet From The East

Line of Section 13 Township 18S Range 26E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
None	
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company	Attn: W.L. Vaughn P.O. Box 2521, Houston, Tex. 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-20-75	2-7-76	9342	9275
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3287.5 GL; 3298.5 KB	Morrow	8990	8911
Perforations 9150 - 9164 & 9167 - 9175 w/2 JSPF plus 1 shot at bottom of each interval.			**Depth Casing Shoe** 9342

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	197	250 sx Class C w/2% Cacl
15"	11¾"	950	350 sx lite wate + 200 sx Class
10-5/8"	8-5/8"	1944	300 sx lite wate + 200 sx Class
7-7/8"	4½"	9342	450 sx Class H

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
4,700	4 hrs	0	0
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	2803	pkr	17/64"

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.

(Signature)

Manager of Operations and Construction
(Title)

February 24, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 22 1976, 19__

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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