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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION 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-110
Effective 1-1-65

RECEIVED

JUN 5 1979

Operator NAPECO, INC. ✓		O. C. C. ARTESIA, OFFICE	
Address P.O. Box 283 Houston, Texas 77001		Attn: P.T. Hughes, Jr.	
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"/> Dry Gas <input type="checkbox"/>		
Change In Ownership <input 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 Benson Deep Unit	Well No. 1	Pool Name, Including Formation Wildcat	Kind of Lease State, Federal or Fee Federal	Lease No. NM27276
Location Unit Letter 0 : 660 Feet From The South Line and 2,180 Feet From The East Line of Section 33 Township 18S Range 30E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Undesignated at this time	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Natural Gas Pipeline Co. of America	Address (Give address to which approved copy of this form is to be sent) P.O. Box 283 Houston, Texas 77001			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 33	Twp. 18S	Rge. 30 E
	Is gas actually connected?		When No Mid-July 1979	

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 checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-27-79	Date Compl. Ready to Prod. 5-10-79		Total Depth 12,071'		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.) GR Level 3,404'	Name of Producing Formation Strawn		Top Oil/Gas Pay 10,648'		Tubing Depth 10,543			
Perforations 10,648-56; 10,671-77; 10,702-18					Depth Casing Shoe 450.23			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		448'		630			
12 1/4"	9-5/8"		3,493.59'		4,098			
8 1/2"	5-1/2"		12,065'		900			
---	2-7/8"		10,543		--			

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)

Date First New Oil Run To Tanks 5-10-79	Date of Test 5-10-79	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 2920	Casing Pressure -0-	Choke Size 12/64
Actual Prod. During Test 110 Bbls 629 Mcf	Oil - Bbls. 110	Water - Bbls. -0-	Gas - MCF 629

GAS WELL

Actual Prod. Test-MCF/D	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. 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.

Sharon H. Koudecka
(Signature)
Production Coordinator
(Title)
May 29, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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 pool in multiply completed wells.

April 1980	1650
May	3410
June	3300
July	3410

739	24.6	1307
1011	52.6	3130
872	29.1	2329
368 (31) 11.4		1055

= 2671