

DISTRIBUTION	
SANTA FE	1
FILE	1 ✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
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-110
Effective 1-1-65

RECEIVED
OCT 12 1979

O. C. C.
ARTESIA OFFICE

I. Operator SerBan, Inc. ✓

Address 7540 LBJ Freeway, Suite 715, Dallas, Texas 75251

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE ✓
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	FLARED AFTER <u>12-6-79</u>
		Dry Gas	<input type="checkbox"/>	UNLESS AN EXCEPTION
		Condensate	<input type="checkbox"/>	IS OBTAINED <u>Rule 306</u>

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

2-343 3-5-80

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>BLACK SHIELD STATE</u>	Well No. <u>1</u>	Pool Name, including Formation <u>ARTESIA GRAYBURG</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>L-3645</u>
Location Unit Letter <u>F</u> <u>1650</u> Feet From The <u>North</u> Line and <u>2310'</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>18S</u> Range <u>27E</u> , NMPM, <u>EDDY</u> 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"/> <u>NAVAJO CRUDE OIL PURCHASING CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. DRAWER 159, ARTESIA, NEW MEXICO 88210</u>
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)
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>36</u> Twp. <u>18S</u> Rge. <u>27#</u>
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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>8-29-79</u>	Date Compl. Ready to Prod. <u>10-10-79</u> (still testing)	Total Depth <u>2150'</u>	P.B.T.D. <u>2108'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3551.7 GR</u>	Name of Producing Formation <u>Grayburg & Queen</u>	Top Oil/Gas Pay <u>1592 1600</u>	Tubing Depth					
Perforations <u>1600.5-1601.5, 1592-93, 1808-10, 1881-83, 1929-88, 2043-46</u>			Depth Casing Shoe <u>2150</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 3/4</u>	<u>8 5/8"</u>	<u>456'</u>	<u>250</u>					
	<u>4 1/2"</u>	<u>2150'</u>	<u>325</u>					

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 <u>10-6-79</u>	Date of Test <u>10-9-79</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>32</u>	Oil-Bbls. <u>32</u>	Water-Bbls. <u>70</u>	Gas-MCF <u>TSTM</u>

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.

Cassidy McKee
(Signature)
Production Clerk

October 10, 1979
(Date)

OIL CONSERVATION COMMISSION
OCT 15 1979

APPROVED _____, 19

BY W. A. Grasset
SUPERVISOR, DISTRICT II

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 deviated 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 multiple completed wells.