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Operator

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 16 1979

Joe G. Fenn		O.C.C. ARTESIA, OFFICE	
Address 908 Main, Artesia, New Mexico 88210			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-1-79 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			
If change of ownership give name and address of previous owner			

DESCRIPTION OF WELL AND LEASE		Lease No.	
Lease Name McCall	Well No. 2	Pool Name, including Formation Dayton-Grayburg	Kind of Lease State, Federal or Fee Fee
Location Unit Letter L 1650 Feet From The South Line and 660 Feet From The West			
Line of Section 24 Township 18S Range 26E, NMPM, Eddy County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.		Drawer 175 Artesia, N.M. 88210	
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 L	Sec. 24	Twp. 18S
	Rge. 26E	Is gas actually connected? No	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		Oil Well <input checked="" type="checkbox"/> Gas Well <input 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"/>	
Designate Type of Completion - (X)			
Date Spudded 9-13-79	Date Compl. Ready to Prod. 9-26-79	Total Depth 1125	P.B.T.D. 1125
Elevations (DF, RKB, RT, GR, etc.) 3295	Name of Producing Formation Grayburg	Top Oil/Gas Pay 922	Tubing Depth 1078
Perforations 922-932, 1012-1024, 1096-1106 2 SP F		Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 9 7/8 in. 6 1/2 in.	CASING & TUBING SIZE 7 inch 4 1/2 inch	DEPTH SET 900 feet 1125 feet	SACKS CEMENT 350 Circulated 115 Circulated

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 10-1-79	Date of Test 10-10-79	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size 2 inch
Actual Prod. During Test	Oil-Bbls. 13	Water-Bbls. 1	Gas-MCF 18

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size	

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.

Joe G. Fenn
(Signature)
Operator
(Title)
10-16-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 17 1979
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 pool in multiply