

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

JUL 24 1981

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

PREMIER PRODUCTION CO.

Address
P.O. BOX 1246 Artesia, New Mexico 88210

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 Egger	Well No. 2	Pool Name, including Formation Atoka San Andres	Kind of Lease State, Federal or Fee Fee	Lease
Location Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> . Line of Section <u>22</u> Township <u>18 S</u> Range <u>26 E</u> , NMPM, Eddy				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude oil purchasing	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 <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>G</u> Sec. <u>22</u> Twp. <u>18</u> Rge. <u>26</u> Is gas actually connected? <u>NO</u> 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 <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. R. <input type="checkbox"/>
Date Spudded 5-2-81	Date Compl. Ready to Prod. 5-18-81	Total Depth 1800	P.B.T.D. N/A					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation San Andres	Top Oil/Gas Pay 1138 1204	Tubing Depth 1760					
Perforations 27 Perfs: 1204', 06, 30, 40, 56, 78, 85, 90, 1303, 13, 19, 1532, 1543, 47, 54, 72, 80, 1608, 13, 81, 87, 1704, 08, 16, 23, 32, 45.			Depth Casing Shoe 1799					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9 5/8"	7"	1132'	575 Sax					
6 3/8"	4 1/2"	1800'	250 Sax					
	2 3/8"	1760						

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 able for this depth or be for full 24 hours)

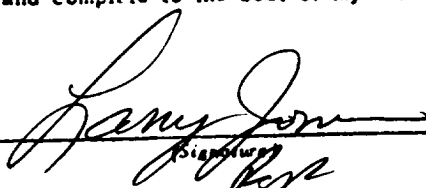
Date First New Oil Run To Tanks 6-3-81	Date of Test 6-5-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure N/a	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test	Oil-Bble. 15	Water-Bble. 15	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



(Title)

7-24-81
(Date)

OIL CONSERVATION DIVISION

AUG 06 1981

APPROVED _____, 19

BY W. A. Gressett

TITLE SUPERVISOR DISTRICT IV

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ov well name or number, or transporter, or other such change of condi
Separate Forms C-104 must be filed for each pool in mul