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	GAS	
OPERATOR		<input checked="" type="checkbox"/>
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZED TO EXPORT OIL AND NATURAL GAS

AUG 30 1984

O. C. D.

ARTESIA, OFFICE

Operator
CASA PETROLEUM, INC. ✓

Address
105 North Sixth Street, 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 <u>10-4-84</u> UNLESS AN EXCEPTION FROM THE B. L. M. 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 Name ANADARKO 13 FEDERAL	Well No. 1	Pool Name, Including Formation Artesia (Q/Gb/SA)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-36497
Location Unit Letter <u>F</u> ; <u>1880</u> Feet From The <u>North</u> Line and <u>1830</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>18S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 F	Sec. 13	Twp. 18S	Rge. 27E	Is gas actually connected? <input type="checkbox"/>	When

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

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 Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded 6/18/84	Date Compl. Ready to Prod. 7/6/84	Total Depth 3012' 3020	P.B.T.D. 2113'					
Elevations (DF, RKB, RT, GR, etc.) 3530' GL	Name of Producing Formation Q - Gb	Top Oil/Gas Pay 1526'	Tubing Depth 2000'					
Perforations Penrose 1526' - 1544'	Grayburg 1768' - 2058'	Depth Casing Shoe 2113'						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" (24.0#)	328'	Circ 200 sks
7 7/8"	5 1/2" (15.5#)	2113'	485 sks
--	2 7/8"	2000'	--

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 7/10/84	Date of Test 7/14/84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 73	Oil-Bbls. 10	Water-Bbls. 63	Gas-MCF TSTM

Post ID-2
9-7-84
Camp + BH

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

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.

James A. Knauf, Agent

8-22-84

(Date)

OIL CONSERVATION COMMISSION

AUG 31 1984

APPROVED _____, 19__

BY _____ Original Signed By
Leslie A. Clements

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 deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions.