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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NOV 27 1984

O. C. D.

I. Operator
Premier Production Company
Address
P.O. Box 1246, Artesia, NM 88210
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Alice Federal	Well No. 2	Pool Name, Including Formation Turkey Track, SR, Q, GB&SA	Kind of Lease State, Federal or Fee Federal	Lease 17223
Location Unit Letter N 990 Feet From The South Line and 1650 Feet From The West Line of Section 23 Township 18 Range 29, NMPM, Eddy 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"/> The Permian Corporation Permian (11/9/84)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 410 1B HS&L Bldg., Bartlesville, OK 74000
If well produces oil or liquids, give location of tanks. Unit M Sec. 23 Twp. 18 Rge. 29	Is gas actually connected? yes When 2/84

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) XX	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't. <input type="checkbox"/> Diff. Fr. <input type="checkbox"/>		
Date Spudded 9-18-84	Date Compl. Ready to Prod. 11-21-84	Total Depth 2804'	P.B.T.D. ---
Elevations (DF, RKB, RT, GR, etc.) GL 3483.5	Name of Producing Formation Queen/Grayburg	Top Oil/Gas Pay Seven Rivers 2063	Tubing Depth 2710'
Perforations 2063 - 2582			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 354'	SACKS CEMENT 300sax/8yds reddy mix, culated.
7-7/8"	5 1/2"	2804'	1500sax, circulated.
	2-3/8"	2710'	

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)

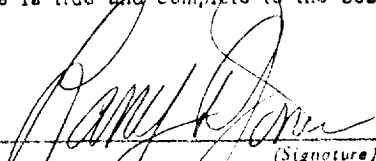
Date First New Oil Run To Tanks 11-21-84	Date of Test 11-21-84	Producing Method (Flow, pump, gas lift, etc.) pump	Post ID-2 11-30-84 Comp + BIR
Length of Test 24hrs	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 15	Water-Bbls. 18	Gas-MCF 60

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.


owner/operator
11/26/84
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 29 1984
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 deepened well, this form must be accompanied by a tabulation of the flow 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 well name or number, or transporter, or other such change of conditions.