BIATE OF NEW MEXICO INGY AND MINICIALS DEPARTMENT		TION DIVISION	Form C-104 Revised 10-1-78
	P, O, DO SANTA I'E, NEW		
TRANSPORTEN OIL V		1D	
	AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GA	\\$
(20410101	leum Corporation 🗸		RECEIVED
Address	th St., Artesia, NM 88210		
Resson(s) for filing (Check proper t		Other (Please explain)	, JUN 29 '88
Now Well X	Change in Transporter of: Oil Dry Ga		0. c n
Reconsiletion	Casinghead Gas Conden	F51	ARTESIA, OFFICE
I change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AN	D L.F.ASF. Sell No. Puct Name, Including Fo	ormation Kind of	Lease Lease No.
Box ACH Com	1 Kennedy Farms	Suctor F	•desal or Foo FEE
	980 Feel From The South Lin	660 5	From the West
Unit Letter;;			P 1 1
Line of Section 4	Township 185 Nange 26	ре , мири,	Eddy County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S	approved copy of this form is to be sent)
Nome of Authorszed Transporter of Navajo Refg. Co.	Cii 🛑 or Condensate 🔯	PO Box 159. Artesia	. NM 88210
Hare of Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77001	
Transwestern Pipeline	Unit Sec. Twp. Rige.	Is gas uctually connected?	When
If well produces oil or liquide, give location of tanks.	L 4 18s 26e	YES	6-28-88
If this production is commingled COMPLETION DATA	with that from any other lease or pool,		
Designate Type of Comple	tion - (X) OII Well Gas Well X	New Well Workover Deep	en Plug Back Same Hes'v, Diff. Hes'
Date Spudded 12-27-85	2-15-86	8890'	8832'
Elevations (DF, RKB, RT, GR, ric. 3362 <sup>†</sup> GR	/ Mame of Producing Formation Morrow	Top Oil/Gos Pay 8619	Tubing Depth 8565'
Perforations		······································	Depth Casing Shoe 8890
8619-8639		CEMENTING RECORD	8890
HOLE SIZE	CASING & TUBING SIZE	<u>рертн set</u> 457'	450
172"	<u>13-3/8"</u> 8-5/8"	1348'	575
<u>12‡"</u> 7-7/8"		8890'	1125
/-//0	2-7/8"	8565'	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a) oble for this de	fter recovery of total volume of la pth or be for full 24 houre)	ad oil and must be equal to or exceed top all
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, purip.	sas lift, etc.)
Longth of Tool	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	O(1-13b).	Water - Hols,	Gat+MCF
Actual Prea. During 1-1		<u> </u>	
GAS WELL Actual Frod. Tool-MCF/D	Longth of Tool	Bbls, Contensale/MMCF	Gravity of Condensate
425	8 hrs Tubing Pressure (Shut-12)	Cusing Pressure (Khut-12)	Choke Size
Teeling Method (pitci, back pr.) Back Pressure	280	PKR	1/4"
CERTIFICATE OF COMPLIA	NCE		RVATION DIVISION
I hereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given above is time and complete to the best of my knowledge and belief.		APPROVED JUL 2 2 1838, 19	
		BYOriginal Signed By	
monte la line mun completa fo		TITLE	e Williams
$ \bigcirc $		11 .	
Winnit Due plant		into form so to be filed in compliance with nut. T 1966. If this is a request for allowable for a newly drilled or despense	
(Signature)		woll, this form must be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 111.	
Production Supe	ryisor	All encirons of this for	rin niust be filled out completely for allo
(101) 6-28-88		whic on new and recomplet	nd walls. . T 11 111 and VI for changes of own-
	(Dute)	well name or pumber, or trai	neparter, or other such change of condition