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

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-105  
Effective 1-1-65

FEB 10 1986

O. C. D.  
ARTESIA, OFFICE

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 3-15-86  
UNLESS AN EXCEPTION FROM  
THE B. L. M. IS OBTAINED

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☒

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

624 BO produced prior to test

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal	Well No. 1	Pool Name, Including Formation <del>Wildcat</del> - Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. NM0334702
Location Unit Letter <u>I</u> ; <u>2080</u> Feet From The <u>South</u> Line and <u>560</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> 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"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6196, Midland, Texas 79711					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NA	Address (Give address to which approved copy of this form is to be sent) (915-563-1313)					
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 5	Twp. 18S	Rge. 31	Is gas actually connected? No	When

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

NA

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 Rest. <input type="checkbox"/>	Diff. Rest. <input type="checkbox"/>
Date Spudded 11-25-85	Date Compl. Ready to Prod. 2-2-86		Total Depth 10,205		P.B.T.D. 9130			
Elevations (DF, RKB, RT, GR, etc.) 3710 GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 7300 <u>7564</u>		Tubing Depth <u>NA 7581</u>			
Perforations 7564-7586; 7586-7610					Depth Casing Shoe <u>10204</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		406		445			
11	8-5/8		4511		2400			
7-7/8	5-1/2		10200		950			
	2 7/8		7581					

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 1-19-86	Date of Test 2-3-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil - Bbls. 160	Water - Bbls. 9	Gas - MCF 294

GAS WELL

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

Ray White  
(Signature)  
Regulatory Permit Coordinator

2-3-86

(Title)

(Date)

OIL CONSERVATION COMMISSION  
FEB 13 1986

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

Original Signed By  
BY Les 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 deviated 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 multiple completed wells.