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FILE
U.S. I.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION OFFICE

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-110
Effective 1-1-65

RECEIVED BY
AUG 29 1986
O. C. D.
ARTESIA, OFFICE

Operator
Steve Sell
Address
P. O. Box 5061, Midland, Texas 79702
Casinghead Gas MUST NOT BE
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) FLARED AFTER 11-3-86
UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED
Phillips is also purchaser
Ex # 2-762 - 1-25-87

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Cal-Mon State	Well No. 1	Pool Name, including Formation Loco Hills, O, GR, SA	Kind of Lease State, Federal or Fee State	Lease No. LG-4524
Location Unit Letter <u>L</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>16</u> Township <u>18S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 791, Midland, Texas 79702					
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 L	Sec. 16	Twp. 18S	Rge. 29E	Is gas actually connected? No	When

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

V. 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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded July 24, 1986	Date Compl. Ready to Prod. August 10, 1986		Total Depth 3050'		P.B.T.D. 3011'			
Elevations (DF, RKB, RT, GR, etc., 3540' GR.	Name of Producing Formation Queen, Grayburg		Top Oil/Gas Pay Queen 2265		Tubing Depth 2685'			
Perforations 2265-96/6 2677-79', 2608-10', 2560-62', 2265-96'w/15.					Depth Casing Shoe 3020'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 358'		SACKS CEMENT 300 sxs. Class "C" w/2% CaCl & 1/2#/sx. Flocele			
7 7/8"	5 1/2"		3020'		350 sxs. Lite, 1/2/sx.			
					238 2685 Flocele, 250 sxs. Class "C", 6# salt, 2/10% CFP-3			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks August 15, 1986	Date of Test August 26, 1986	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size N/A
Actual Prod. During Test	Oil-Bbls. 80 bbls.	Water-Bbls. 20 bbls.	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D N/A	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.

(Signature)
Agent
(Title)
August 29, 1986

OIL CONSERVATION COMMISSION
SEP 2 1986
APPROVED _____, 19____
BY _____ Original Signed 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 deviation 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.