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	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

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1. Operator		OCT 12 '87
Steve Sell		
Address		O. C. D.
P. O. Box 5061, Midland, Texas 79704		ARTESIA, OFFICE
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Dry Gas <input type="checkbox"/>
		Casinghead Gas <input type="checkbox"/>
		Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Cal-Mon	4	Loco Hills-Q-GR-SA	State, Federal or Fee State	LG-4524
Location				
Unit Letter	K	1650 Feet From The West Line and	1650 Feet From The South	
Line of Section	16	Township	18S	Range
			29E	NMPM, Fddy 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum	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	Sec.
	L	16
	Twp.	18S
	Rge.	29E
	Is gas actually connected?	When

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-17-87	10-2-87	2880'	2836'					
Elevations (DF, RKB, RT, GR, etc., 3542 Grd.	Name of Producing Formation Queen, Grayburg	Top Oil/Gas Pay Queen 2754'	Tubing Depth 2790'					
Perforations	2768, 2769	2754, 55, 2774, 75, 77, 78, 79, 2820, 21, 22, 23, 24				Depth Casing Shoe 2870'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
8 5/8"	24#	350	300 SXS. "C"					
5 1/2"	15.5#	2880	850 SXS. 50/50 Poz.					
	2 7/8	2790	w/6# salt and .2% CFP-3.					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-2-87	10-2-87	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	55	3	TSTM

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.

Agent
10-8-87
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 30 1987, 19
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.