

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION NOV 12 '90  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Socorro Petroleum Company	Well API No. 30-015-26386
Address P.O. Box 38, Loco Hills, NM 88255	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Turner "B"	Well No. 85	Pool Name, Including Formation Graybur Jackson	Kind of Lease State, Federal <input checked="" type="checkbox"/> Other	Lease No. LC-029395-B
Location Unit Letter <u>A B</u> : 1305 Feet From The North Line and 1335 Feet From The East Line Section 29 Township <u>17 S</u> Range 31 E, 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"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit <input type="checkbox"/> Sec. 29 Twp. 17S Rge. 31E Is gas actually connected? Yes When 10/31/90

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/12/90	Date Compl. Ready to Prod. 10/31/90	Total Depth 3600'	P.B.T.D. 3535'					
Elevations (DF, RKB, RT, GR, etc.) 3740' GR 3751' KB	Name of Producing Formation Grayburg San Andres	Top Oil/Gas Pay 3180'	Tubing Depth 3451'					
Perforations 3180-3187' 4 holes	3140-3268' 4 holes	3370-3416' 11 holes	Depth Casing Shoe 3597'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	630'	350 sx. C1 C + 115 sx C1					
7-7/8"	5-1/2"	3597'	500 sx LW + 500 sx C1 C					
	2-7/8"	3451'	Perf ID-2 12-7-90 Comp 4-BK					

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 Tank 10/31/90	Date of Test 11/01/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 450#	Casing Pressure 400#	Choke Size 10/64"
Actual Prod. During Test	Oil - Bbls. 228	Water - Bbls. 270	Gas - MCF 228

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/M/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Robert S. Satcher Consultant  
Printed Name Robert S. Satcher Title  
Date 11/12/90 Telephone No. 677-3223

OIL CONSERVATION DIVISION

NOV 30 1990

Date Approved  
By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multivert completed wells