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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

JUN 24 1992

O. C. D.
SANTA FE OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SOCORRO PETROLEUM COMPANY		Well API No. IC 30-015-26883
Address P.O. BOX 37, Loco Hills, New Mexico 88255		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Other (Please explain) PLEASE MAKE ALLOWABLE RETROACTIVE BACK TO 6-15-92.
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 MAX FRIESS 'MA'	Well No. 7	Pool Name, Including Formation Grayburg-Jackson	Kind of Lease State, Federal or Fee	Lease No. LC - 065014
Location Unit Letter G : 2610 Feet From The North Line and 1460' Feet From The East Line Section 30 Township 17S Range 31E, 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 Co.	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"/> Conoco Oil Co.	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 G	Sec. 30	Twp. 17S	Rge. 31E	Is gas actually connected? YES	When? 6-19-92

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-15-92	Date Compl. Ready to Prod. 6-15-92		Total Depth 3740'		P.B.T.D. 3700'			
Elevations (DF, RKB, RT, GR, etc.) 3616 KB, 3605' GL	Name of Producing Formation Grayburg-Jackson		Top Oil/Gas Pay 3064'		Tubing Depth 3000'			
Perforations 3642-3554'; 3500-3429'; 3343-3294'; 3065-3064'					Depth Casing Shoe 3740'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" 48# J-55		411'		Qnt w/375sx; Circ 15sx			
12 1/4"	8 5/8" 24# J-55		1427'		Qnt w/650sx; Circ 20sx			
7 7/8"	5 1/2" 15# J-55		3740'		Qnt w/1100sx; Circ 76sx			

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 6-15-92	Date of Test 6-15-92	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 Hrs.	Tubing Pressure 25#	Casing Pressure 245#	Choke Size 12/64"
Actual Prod. During Test	Oil - Bbls. 44	Water - Bbls. 456	Gas - MCF 23

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. 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 G. Setzler Prod. Manager
Printed Name 6 - 22 - 92 (505) 677-3223 Title
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved JUN 25 1992

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 multiply completed wells.