

OIL CONSERVATION DIVISION

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

RECEIVED

JUN - 5 1992

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

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up

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator B & A Operating Company	Well API No. 3001526964
Address P.O. Box 136, Lovington, N.M. 88260	
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 Culwin Unit	Well No. 20	Pool Name, Including Formation Shugart, Y&E's, Qn, 7R, Grbg	Kind of Lease State, Federal or Fee	Lease No. 14 08000 18772
Location Unit Letter P : 1035 Feet From The E Line and 1268 Feet From The S Line Section 36 Township 18S Range 30E, 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) Broadway Bldg., Hobbs, N.M. 88240	
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 1	Sec. 36
	Twp. 18S	Rge. 30E
	Is gas actually connected? No	When? Will Be

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-26-92	Date Compl. Ready to Prod. 4-17-92		Total Depth 3405		P.B.T.D. 3357			
Elevations (DF, RKB, RT, GR, etc.) 3533.7 KDB = +10'	Name of Producing Formation Qn		Top Oil/Gas Pay 3100		Tubing Depth 3160			
Perforations 3100-3150					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12"	8 5/8 24#	426	Circ Post ID-2
8"	5 1/2 17#	3400	Circ 8-28-92
			comp & 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 5-10-92	Date of Test 5-28-92	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test 24 Hr.	Tubing Pressure 35#	Casing Pressure 40	Choke Size 2"
Actual Prod. During Test	Oil - Bbls. 52	Water - Bbls. 60	Gas - MCF 22

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.

D. R. Bell / Hm  
Signature  
D.R. Bell  
Printed Name  
06-06-92  
Date  
Manager/Operations  
Title  
396-3062  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 20 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.