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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
SEP 13 1978
O.C.C.
ARTESIA, OFFICE

I.
Operator: .. Nelson Muncy ✓

Address: Box 1037 1010 Washington Artesia, N.M. 88210

Reason(s) for filing (Check proper box)
New Well [ ]
Recompletion [ ]
Change in Ownership [ ]
~~Change~~ Designate in Transporter of:
Oil [X]
Casinghead Gas [X]
Dry Gas [ ]
Condensate [ ]

Other (Please explain)

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 State, Federal or Fee	Lease No.
Warren State	1	Millman-Grayburg	State	E-1051

Location
Unit Letter D : 990 Feet From The N Line and 330 Feet From The W
Line of Section 17 Township 19 Range 28 , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: NAVAJO CRUDE OIL PIP. CO.
Address (Give address to which approved copy of this form is to be sent): ARTESIA, N.M. 88210

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: PHILLIPS (ARTESIA) Petr. Co.
Address (Give address to which approved copy of this form is to be sent): 4001 Penbrook St. Odessa, TX 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	17	19	28	YES	9-11-78

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						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-4-57	7-15-57	2054	2028

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Grayburg	1896	

Depth Casing Shoe:

Perforations: 1896-1906 1940-46 1956-62

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8"	411	75
8"	5 1/2"	2054	95

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)

Length of Test	Tubing Pressure	Casing Pressure	Choke Size

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Posted SP-3 9-29-78 9-29 Add LT-NCO + GT-P.P.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1200 MCF/D	24 hours	-0-	-

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pr.	150 PSIA	150 PSIA	3/8

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.

A. Nelson Muncy
(Signature)

Owner
(Title)

9-11-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 27 1978, 19

BY W. A. Gressett

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.