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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 1-1-65
Effective 1-1-65

OCT 30 1969

O. C. C.
ARTESIA, OFFICE

Operator J. M. WELCH	
Address P. O. Box 496, Artesia, New Mexico 88210	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <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 Gulf ME-025778-A	Well No. 1	Pool Name, Including Formation Shugart	Kind of Lease State, Federal or Fee Federal	Lease No. ME-025778-A
Location				
Unit Letter B	330 Feet From The North Line and 1650 Feet From The East			
Line of Section 28	Township 18S	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 Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas
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, # 74 give location of tanks. OLS	Unit A Sec. 28 Twp. 18S Rge. 31E
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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-16-69	Date Compl. Ready to Prod. 10-15-69	Total Depth 3965'	P.B.T.D. 3960'					
Elevations (DF, RKB, RT, GR, etc.) 3633' GR	Name of Producing Formation Lower Queen	Top Oil/Gas Pay 3604'	Tubing Depth 3900'					
Perforations 4h 3604-08 6h 3696-3702 4h 3728-32 10h 3900-10			Depth Casing Shoe 3960'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
10"	8 5/8	800'	50 sacks					
8"	4 1/2	3960'	150 sacks					
	2 3/8"	3900'						

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 10-17-69	Date of Test 10-27-69	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size
Actual Prod. During Test 80 bbls	Oil-Bbls. 20	Water-Bbls. 60	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

J. M. Welch
(Signature)

Owner

(Title)

October 29, 1969

(Date)

OIL CONSERVATION COMMISSION

NOV 14 1969

APPROVED

BY

W. A. Gressett
OIL AND GAS INSPECTOR

TITLE

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.