

DISTRIBUTION	4	
STATE	1	✓
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		1
PRORATION OFFICE		

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-1
Effective 1-1-65

RECEIVED

AUG 3 1979

Operator
Wayman W. Buchanan ✓
Address
c/o Petroleum Technical Services Company,
400 Bldg. of the Southwest, Midland, Texas 79701

O.C.C.
DISTRICT OFFICE

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead 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	Lease No.
Osage Comm.	1	Cemetery, North (Wolfcamp)	State, Federal or Fee Fee	NA
Location				
Unit Letter J	1980	Feet From The East	Line and 1830	Feet From The South
Line of Section 18	Township 20-S	Range 25-E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
NA		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Natural Gas Pipeline Co., of America	P. O. Box 283, Houston, Texas 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
Is gas actually connected?	When	7-12-79
yes		November, 1975

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.
		XX		XX		XX		XX
Date Spudded Workover started 7-6-79	Date Compl. Ready to Prod. 7-12-79	Total Depth 9,640'	P.B.T.D. 9,227'					
Elevations (DF, RKB, RT, GR, etc.) 3,597' KDB	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 7,059'	Tubing Depth 7,015'					
Perforations 7,059' - 7,122'	Depth Casing Shoe 9,640'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	12-3/4"	220'	275- Circ.					
11"	8-5/8"	3,130'	950--Circ.					
7-7/8"	4-1/2"	9,640'	925 - Top @5,786'					

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	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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CAOF - 1341	4 hrs.	0	0
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	1955 psi	Packer	6/64" - 16/64"

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.

Da E Bennett
(Signature)

Agent

(Title)

7-26-79

(Date)

OIL CONSERVATION COMMISSION

AUG 1 8 1979

APPROVED _____, 19____
BY W. A. Gussitt
TITLE SUPERVISOR, DISTRICT 11

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.