

SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS		
OPERATOR		/	
PRORATION OFFICE			

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

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65

MAY 25 1981

I. Operator Estate of JOE DON COOK ESTATE O.C.D.  
Address P.O. BOX 159, ROSWELL, NEW MEXICO 88201 ARTESIA, OFFICE

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner JOE DON COOK, P.O. BOX 159, ROSWELL, NEW MEXICO 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>STATE</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>UND. SHUGART</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>LG-2678</u>
Location Unit Letter <u>J</u> ; <u>2310</u> Feet From The <u>EAST</u> Line and <u>2110</u> Feet From The <u>SOUTH</u> Line of Section <u>2</u> Township <u>19S</u> Range <u>31E</u> , NMPM, <u>EDDY</u> 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"/> <u>NAVAJO CRUDE OIL PURCHASING CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>BOX 175, ARTESIA, NEW MEXICO 88210</u>
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. <u>J 2 19S 31E</u>	Is gas actually connected? <u>NO</u> 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	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded <u>8-23-75</u>	Date Compl. Ready to Prod. <u>4-13-76</u>	Total Depth <u>4206</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>3616</u>	Name of Producing Formation <u>QUEEN, PENROSE, PREMIER</u>	Top Oil/Gas Pay <u>3456</u>	Tubing Depth <u>3495</u>					
Perforations <u>3456-3496 (58) 3918-3967 (18) 4178-4188 (32)</u>	Depth Casing Shoe <u>4206</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>10</u>	<u>8 5/8</u>	<u>970</u>	<u>200 SACKS</u>					
<u>8</u>	<u>5 1/2</u>	<u>4150</u>	<u>150 SACKS</u>					
<u>6 1/4</u>	<u>4 1/2</u>	<u>4206</u>	<u>200 SACKS</u>					

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 <u>4-14-76</u>	Date of Test <u>4-17-76</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMP</u>	
Length of Test <u>24 HOURS</u>	Tubing Pressure -----	Casing Pressure <u>200 LBS.</u>	Choke Size <u>NONE</u>
Actual Prod. During Test <u>50</u>	Oil - Bbls. <u>50</u>	Water - Bbls.	Gas - MCF <u>TSTM</u>

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

I. 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.

Maureen A. Ray  
(Signature)  
Secretary  
(Title)  
May 31 1981  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 26 1981, 19  
BY W.A. Gussert  
SUPERVISOR, DISTRICT II  
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.