

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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

RECEIVED

MAR 16 1977

Operator Honeysuckle Exploration Corporation		O. C. C.	
Address 1610 North J. Midland, Texas 79701		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	To notify you of casinghead gas connection.	
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 Federal 20	Well No. 1Y	Pool Name, Including Formation Shugart	Kind of Lease XNY, Federal XNYX	Lease No. NM-12211
Location				
Unit Letter <u>N</u> ; <u>2030</u> Feet From The <u>West</u> Line and <u>330</u> Feet From The <u>South</u>				
Line of Section <u>20</u> Township <u>18S</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"/>	Address (Give address to which approved copy of this form is to be sent)			
Navajo Crude Oil Purchasing Co.	P.O. Drawer 175, Artesia, N.Mex. 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Continental Oil Co.	P.O. Box 2197, Houston, Tx 77001			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 20	Twp. 18S	Rge. 31E
Is gas actually connected?		When		
Yes		March 1, 1977		

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'v.	Diff. Res'v.
Date Spudded 2/1/76	Date Compl. Ready to Prod. 3/8/76		Total Depth 3950'		P.B.T.D. 3926'			
Elevations (DF, RKB, RT, GR, etc.) 3632 DF	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3718'		Tubing Depth 3852'			
Perforations 3718', 3723', 3776', 3780', 3811' & 3856' w/1SPF				Depth Casing Shoe 3950'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		744'		450			
7 7/8"	4 1/2"		3950'		1100			

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 3/10/76	Date of Test 3/31/76	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 74.77	Oil-Bbls. 22.15	Water-Bbls. 52.62	Gas-MCF 5.45

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.

Neal A. Taylor
(Signature)Agent
(Title)3/15/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 17 1977, 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.