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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Supersedes C-104 and C-110
RECEIVED-65

JUL 9 1981

O. C. C.
ARTESIA OFFICE

I. OPERATOR
Robert N. Enfield
Address
P. O. Box 2431, Santa Fe, New Mexico 87501
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☒ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain)
CASINGHEAD GAS MUST NOT BE
OBTAINED AFTER 9-1-81
LESS AN EXCEPTION TO Rule 306
OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Production	Kind of Lease
North Lake McMillan		1	Wildcat	State, Federal or Fee FEE
Location				
Unit Letter J	1980	Feet From The South	Line and 1980	Feet From The East
Section 12	Township 19	Range 26	County Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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, NM 88210
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.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 12 19S 26E No Unknown

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 <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>		
Date Spudded 8/24/78	Date Compl. Ready to Prod. 6/26/81	Total Depth 9841' KB	P.B.T.D. 2160' KB
Elevations (DF, RKB, RT, GR, etc.) 3304' KB 3289' GL	Name of Producing Formation San Andres	Top Oil/Gas Fry 1497'	Testing Depth 1934'
Perforations 1497' - 1525' (15 holes), 1882' - 1945' (18 holes) 2101' - 2145' (18 holes)		Depth Casing Shoe N/A	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" O.D.	323' KB	325 sx Cl "C" 2% CACL2
12-1/4"	9-5/8" O.D.	2180' KB	600 sx. lite, 200 sx. C
7-1/8"	4-1/2" O.D.	2228' KB	600 sx. lite, 200 sx. C

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 6/11/81	Date of Test 7/2/81	Producing Method (Flow, pump, gas lift, etc.) 2 x 1 1/2 x 10' RWIC insert pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure 15#	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 13	Water-Bbls. 12	Gas-MCF 45

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.

Robert N. Enfield (Signature)

Operator

(Title)

7/7/81

(Date)

OIL CONSERVATION COMMISSION

JUL 27 1981

APPROVED _____ 19

BY W. A. Gressett

SUPERVISOR, DISTRICT I

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.