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

Form C-**RECEIVED**
Supersedes Old C-104 and C-110
Effective 1-1-65

JUL 25 1980

O. C. D.
ARTESIA, OFFICE

I.

Operator Baber Well Servicing Company		
Address P. O. Box 1772 - Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-29-80 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eddy State	Well No. 1	Pool Name, Including Formation Penasco Draw SA Assoc. (Yeso)	Kind of Lease State, Federal or Fee State	Lease No. L-4674
Location Unit Letter G ; 1980 Feet From The north Line and 1980 Feet From The east Line of Section 6 Township 19S Range 25E , 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"/> Southern Union Refining Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 980 - Hobbs, N. M. 88240	
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 G	Sec. 6
	Twp. 19S	Rge. 25E
	Is gas actually connected? no	
	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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 6-9-80	Date Compl. Ready to Prod. 6-26-80		Total Depth 3028'		P.B.T.D. 2979'			
Elevations (DF, RKB, RT, GR, etc.) 3634.05	Name of Producing Formation Yeso		Top Oil/Gas Pay 2542'		Tubing Depth 2635'			
Perforations 2542' - 2549', 2650' - 2670'					Depth Casing Shoe 3020'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		358'		350			
11"	8 5/8"		1001'		850			
7 7/8"	4 1/2"		3020'		400			
	2 3/8"		2685'					

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 7-9-80	Date of Test 7-18-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure none	Casing Pressure none	Choke Size none
Actual Prod. During Test 35 bbls. - total fluid	Oil - Bbls. 20	Water - Bbls. 15	Gas - MCF TSM posted 10-29-80

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.

BABER WELL SERVICING COMPANY

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 25 1980**, 19

BY **Mark Wilborn**

TITLE **OIL AND GAS INSPECTOR**

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.