

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

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-110
Effective 1-1-80

RECEIVED BY
SEP 06 1984
O. C. D.
ARTESIA, OFFICE

Operator BABER WELL SERVICING CO.	
Address BOX 1772, HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name EDDY STATE	Well No. 1	Pool Name, Including Formation PENASCO DRAW SA ASSO. (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 19-S Range 25-E, NMPM, EDDY County				

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 GRADE OIL PURCHASING DEPT.	P. O. BOX 159, ARTESIA, N. MEX. 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	6	19-S	25-E	no	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded 6/9/80	Date Compl. Ready to Prod. 6/26/80		Total Depth 3028'		P.B.T.D. 2970'			
Elevations (DF, RKB, RT, GR, etc.) 3634.05	Name of Producing Formation YESO		Top Oil/Gas Pay 2542"		Tubing Depth 2685'			
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'					

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 Hrs	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

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

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 CO.

Leslie A. Clements
(Signature)
President
(Title)

9/4/84

(Date)

OIL CONSERVATION COMMISSION

SEP 10 1984

APPROVED _____, 19____

BY _____ Original Signed By

Leslie A. Clements

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.