

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-104
Revised 10-1-78

NOV 6 7 1980

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AND OFFICE	
TRANSPORTER	
OPERATOR	
LOCATION OFFICE	
REMARKS	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA OFFICE

A. NELSON MUNCY ✓

Address

P. O. BOX 1037, ARTESIA, NEW MEXICO 88210

Reason(s) for filing (Check proper box)

Well ☒
Completion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED WHILE 1-1-80
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED
EX # 2-454 until further notice

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
RUTH	1	U.S. E. MILLMAN Q-G	State, Federal or Fee STATE	E-5073

Location

Unit Letter B : 330 Feet From The N Line and 2278 Feet From The E
Line of Section 24 Township 19S Range 28E NMPM, Eddy County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	N. Freeman St. - Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	24	19S	28E	tstm-No	

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 Well	Old Well
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7/3/80	9/15/80	2270'	2240'					
Productions (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3356.8' GR	GRAYBURG	2120'	2101'					
Productions	(2124-28')	(2130-33')	(2167-72')	Depth Casing Shoe				
				2270'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8" 24# (new)	440'	150 SXS circulated
6 3/4"	4 1/2-9 1/2# (new)	2270'	450 sxs circulated

TEST DATA AND REQUEST FOR ALLOWABLE (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10/20/80	10/30/80	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	-	15#	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
4 bbls.	4	0	tstm

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Paul C. Henry
(Signature)

W. A. Lissert
(Title)

11-1-80
(Date)

OIL CONSERVATION DIVISION
NOV 12 1980

APPROVED _____, 19

BY *W. A. Lissert*

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 deviate 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. Form C-104 must be filed for each pool in multi-