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|--|---|---|--|
| DISTRIBUTION | NEW MEXICO OIL CON | SERVATION COMMISSION | Form C-104 |
| SANTA FE | | OR ALLOWABLE | Supersedes Old C-104 and C-110 |
| FILE V | | AND | Effective 1-1-65 |
| U.S.G.S. | AUTHORIZATION TO TRAN | FRT OIL AND NATURAL G | AS |
| LAND OFFICE | RECEIVED BY | | |
| TRANSPORTER OIL | | · · | |
| OPERATOR GAS | SEP 12 1966 | | |
| PRORATION OFFICE | 0 () | | |
| Cperator | O. C. OFFICE | | |
| Robert N. Enfield | ARTESIA, OFFICE | | |
| Address | | | |
| P. O. Box 2431, Sar | nta Fe, M1 87504-2431 | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) | |
| New Well | Change in Transporter of: Oil Dry Gas | X | |
| Recompletion Change in Ownership | Casinghead Gas Condense | = | |
| Change in Ownership | Cashiqueda Cas | | |
| f change of ownership give name | | • | |
| and address of previous owner | | | |
| DESCRIPTION OF WELL AND | LEASE | | |
| Lease Name | 1 | e, Including Formation | Kind of Lease State, Federal or Fee Fpe |
| Walters | 1 Four | Mile Atoka | State, Federal C. Fee F.B.E |
| Location B 66 | 60 North | 1980 | - East |
| Unit Letter;; | Feet From The North Line | and 1980 Feet From | The |
| Line of Section 7 Tov | waship 19 South Range 27 | East , NMPM, Eddy | County |
| Line of Section 100 | whenp | | |
| DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GAS | } | |
| Name of Authorized Transporter of Cil | or Condensate | Address (Give address to which appro | |
| Navajo Crude Oil Purcha Name of Authorized Transporter of Cas | asing Co. | P.O. Drawer 175, Artesi Address (Give address to which appro | a, NM 88210 |
| Name of Authorized Transporter of Cas | singhead Gas or Dry Gas X | Address (Give address to which appro 2223 Dodge Street | ved copy of this form is to be sent) |
| Northern Natural Gas Pa | iveline Co. (| Omaha, Nebraska 68102 | on. |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | 10 gas | 8/29/86 |
| give location of tanks. | | | 8/29/00 |
| | th that from any other lease or pool, g | rive commingling order number: | |
| COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Re. V. |
| Disignate Type of Completion | on $-(X)$ | X | X |
| Date Spuddei | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| 4/17/83 | 9/18/83 | 9966 ' | 9498' |
| Elevations (DF, RKB, AT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Dept |
| 3274.1 GR | Atoka | 9310' | 9834' |
| Perforations | | | Depth Casing Shoe |
| 9310', 11, 12, 13, 14, | 16, 17, 18, 19, and | | RBP 9498' |
| | TUBING, CASING, AND | | CACKS CENEUT |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 1712 | 13-3/8 8-5/8" | 2200' | 325 sx C1 c 650 sx Howco Lt & 200 s |
| 7-7/8" | 8-3/8 4-½"! | 9966' | 1100 sx Cl H Clas |
| 7-7/8 | 2-3/8" | 9634' | TIVU SX CI II CIAS |
| DAMA AND DECKEET I | | | l and must be equal to or exceed top allow- |
| TEST DATA AND REQUEST FOIL WELL | able for this de | pth or be for full 24 hours) | PAST JO-3 |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | |
| | | | ehg GT: GHM |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | Gas-MCF |
| Actual Prod. During Test | On-Bbis. | Water - Bbls. | Gar-Mor |
| | | | |
| | | | |
| GAS WELL | Length of Test | Bbls. Condensate/MMCF | Gravity of Conden ate |
| Actual Prod. Test MCF/D | | | |
| Testing Method (pitot, back pr.) | One hour Tubing Pressure SITP 3300 | Casing Pressure | Unknown Choke Size |
| Sulti Point back pre | SITP 3300 essureFTP 530 | Packer | 22/64 |
| CERTIFICATE OF COMPLIA | | OIL CONSERV | ATION COMMISSION |
| CERTIFICATE OF COMPLIA. | | | 1 0 1006 |
| I hereby certify that the rules and | d regulations of the Oil Conservation | 7/ / / V V L D | |
| 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. | | 1) = | nal Signed By |
| | | | A. Clements |
| | | TITLESupervisor District | |
| | | This form is to be filed-in compliance with RULE 1104. | |
| Whith he |) | To this is a segment for all | owehle for a newly drilled or deepene |
| | | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | |
| Operator | | All sections of this form | must be filled out completely for allow |
| | able on new and recompleted wells. | | wells. |
| 9/11/86 | | Fill out only Sections I, | II. III. and VI for changes of owner orter, or other such change of condition |
| | (Date) | well name of number, of transp | ust be filed for each pool in multip! |
| | | separate rollis C-104 in completed violis. | • |
| | | | |