STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

BLANKET BOND #3010320805

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
DEC -3 1986
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Frank Boyce dba ~~Frank Boyce~~

Address
P.O. Box 426, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

- New Well
- Recompletion
- Change in Ownership

Change in Transporter of:

- Oil
- Dry Gas
- Casinghead Gas
- Condensate

Other (Please explain)

If change of ownership give name and address of previous owner Sure Energy, P.O. Box 426, Artesia, New Mexico 88210

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Connie Fed	1	Wildcat Delaware	State, Federal or Fee State	E-5073

Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East

Section 25 Township 19 South Range 28 East , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Phillips Petroleum Company
Address (Give address to which approved copy of this form is to be sent)
Truck 4001, Penbrook, Odessa, Texas 79762

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)

Post ID-S
12-5-86
chg op

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	25	19S	28E	no	n/a

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

NOTE: *Complete Parts IV and V on reverse side if necessary.*

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.

(Signature)

OWNER
(Title)

12-3-86
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 3 1986, 19

Original Signed By
Les 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.

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OCD ARTESIA

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XXX		XXX					

Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-12-85	8-24-85	3500	3472

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3347 GR	Delaware	3336	3215

Perforations	Depth Casing Shoe
3336, 37.5, 39, 40.5, 42, 43.5, 45, 46.5, 48, 49.5, 51	3372

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 24#	440 Ft	250 sx
7 7/8	5 1/2" 15.5# J-55	3500 ft	1385 sx
	2 7/8 J-55		

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)*

OIL WELL

Date of First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-24-85	8-25-86 to 8-26-86	Flow	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	400 PSI	0	16/64
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	130	141 WT	100,000 CF.

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**