STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

BLANKET BOND #3010320805

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

DISTRIBUTION		
STATE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

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 (State, Federal or Fee)	Lease No.
Arrie "C" State	3	Out post Delaware	State	E5073

Unit Letter K : 1930 Feet From The West Line and 1650 Feet From The south

Section 25 Township 19S Range 28E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate ☐
Phillips Petroleum

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 XX
same

Address (Give address to which approved copy of this form is to be sent)
same

Post ID. 3
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	yes	5-14-86

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
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.

COMPLETION DATA

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

Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-12-86	5-14-86	3525	3485
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3342	Delaware	3177	3279.72
Perforations			Depth Casing Shoe
3177 - 3248			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	790'	530 sx
7 7/8"	5 1/2" J55	3525	650 sx
	2 3/8" J-55	3279.72	

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.)	
5-14-86	5-20-86	pump and flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hr.	70 PSI	70 PSI	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
244	61	283	583

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size