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SEP 04 '87

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501O. C. D.
ARTESIA, OFFICEForm C-104
Revised 10-01-78
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Page 1

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SANTA FE	<input checked="" type="checkbox"/>	
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.O.B.		
LAND OFFICE		
TRANSPORTER	OIL <input checked="" type="checkbox"/>	
	GAS <input checked="" type="checkbox"/>	
OPERATOR		<input checked="" type="checkbox"/>
REGISTRATION 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)

CASINGHEAD GAS MUST NOT BE
 FLARED AFTER 11-4-87
 UNLESS AN EXCEPTION TO
 RULE 306 IS OBTAINED

change of ownership give name
 and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
B.B. STATE	1	WILDCAT-Deer	State, Federal or Fee STATE	V-735
Location				
Unit Letter	0	660 Feet From The South	Line and 1980	Feet From The East
Line of Section	16	Township	19-S	Range 31-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)
PHILLIPS	4601 Northgate, Dallas, TX 75246
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco	P.O. Box 1957, Dallas, TX 75202
Is well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge. 0 16 19S 31E	no Approx. 3 weeks

this production is commingled with that from any other lease or pool, give commingling order number: no

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

I. CERTIFICATE OF COMPLIANCE

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.

Sam Bullington
 (Signature)
Consultant
 (Title)
9-4-87
 (Date)

OIL CONSERVATION DIVISION

APPROVED SEP 4 1987, 19

BY Original Signed by
Lee A. Williams

TITLE Supervisor

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

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Is Spudded		Date Compl. Ready to Prod.			Total Depth		P.B.T.D.		
9-31-87		9-1-87			6000'		5944'		
Sections (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
GR		Delaware			4665 to 5866.5		4572		
Directions							Depth Casing Shoe		
4665 - 5866.50									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/4"	13 3/8"	479.8	300 sx Hal-lite, 50sx
13 3/4"	8 5/8"	2047	Class C, 650 sx-Hal-
17/8"	5 1/2"	6000	Lite, #salt 1/4 Flac
	2 7/8"	4572	450 sx 65/35 poz, 5#*

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)

to First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-1-87	9-2-87	Pump	
Test	Tubing Pressure	Casing Pressure	Choke Size
0	0	0	NA
Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
162 bbls	162	180	123

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

** salt, 3/10 CFA-3 H/10% AAliad, cir 5054 200 sx class c: Cir 20 sx.
First plug down 8/15 at 8:45 P.M. Second stage cement 300 sacks
65/35 poz 200 sx hal-lite w/same additive. Plug down 8-16 - 2:15 A.M