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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

RECEIVED

AUG 0 7 1991

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator London, Inc.		Well API No. 26739
Address 1000 West Drive W. Midland, TX 79705		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BARBARA FEDERAL	Well No. 12	Pool Name, Including Formation N. DAGGER DRAW UPPER PENN	Kind of Lease State (Federal) or Fee	Lease No. NM 1372
Location Unit Letter <u>O</u> : <u>710</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>18</u> Township <u>19 N</u> Range <u>25 E</u> , NMPM, <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil CONOCO INC. SURFACE TRANSP.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2587, HOBBS, N.M. 88240				
Name of Authorized Transporter of Casinghead Gas CONOCO INC.	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 10 DESTA DR. STE 100W, MIDLAND TX. 79705				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 19	Twp. 19 S	Rge. 25 E	Is gas actually connected? YES	When? 7-20-91

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-9-91	Date Compl. Ready to Prod. 7-17-91	Total Depth 8100	P.B.T.D. 8052					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation CISCO CANYON	Top Oil/Gas Pay 7810 76/2	Tubing Depth 7740					
Perforations 7612 - 7896	Depth Casing Shoe 8098							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 14 3/4	CASING & TUBING SIZE 9 5/8	DEPTH SET 1200	SACKS CEMENT 2550					
8 3/4	7	8098	1500					
			Post ID-2 9-22-91 comp & BR					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank 7-17-91	Date of Test 7-20-91	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure 320	Casing Pressure	Choke Size
Actual Prod. During Test 1090	Oil - Bbls. 481	Water - Bbls. 358	Gas - MCF 913

GAS WELL

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature
BILL R. KEATHLY SR. STAFF ANALYST
Printed Name
Date 7-30-91 Telephone No. 915-886-5424

OIL CONSERVATION DIVISION

Date Approved SEP 24 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.