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DISTRICT II  
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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

RECEIVED

OCT 16 1991

O. C. D.  
ARTESIA OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Great Western Drilling Company ✓		Well API No. 30 015 26792
Address P.O. Box 1659, Midland, TX 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/31/91 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mabel Hale Federal	Well No. 4	Pool Name, including Formation (Shugart <del>Pool</del> ) (Yates-SR-O-Grayburg)	Kind of Lease <del>State, Federal or</del> XXXX	Lease No. NM-0560353
Location Unit Letter D : 330 Feet From The North Line and 860 Feet From The West Line Section 11 Township 19-S Range 30-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2256, Wichita, Kansas 67201					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11	Twp. 19-S	Rge. 30-E	Is gas actually connected? No	When? Est. Approx. 2 Weeks

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 08-14-91	Date Compl. Ready to Prod. 10-09-91		Total Depth 3,120'		P.B.T.D. 3,065'			
Elevations (DF, RKB, RT, GR, etc.) 3,400.1' RKB	Name of Producing Formation Queen		Top Oil/Gas Pay 2,888'		Tubing Depth 3,009'			
Perforations 2,888'-2,912' (24'-48 holes), 3,008'-3,020' (12'-24 holes)					Depth Casing Shoe 3,119.64 KBM			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8", 48#		670' RKB		720 Sxs.-Circ.			
12-1/4"	8-5/8", 23#		1,866' RKB		1,455 SXS.-Circ.			
7-7/8"	5-1/2", 15.5#		3,119.64' RKB		400 Sxs. - T-Cmt. 990'			
	2-3/8", 4.7# Tbg		3,009' RKB					

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 09-03-91	Date of Test 10-08-91	Producing Method (Flow, pump, gas lift, etc.) Pump 2"x1 1/2"x16' Insert	
Length of Test 24	Tubing Pressure 30	Casing Pressure ---	Choke Size Camp + BK
Actual Prod. During Test 88	Oil - Bbls. 47	Water - Bbls. 41	Gas- MCF 77

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.

M.B. Myers  
Signature  
M.B. Myers - Asst. to Gen. Supt.  
Printed Name  
10-11-91 (915)682-5241  
Date  
Telephone No.

OIL CONSERVATION DIVISION

OCT 29 1991

Date Approved  
By  
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.