

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-83

RECEIVED BY

AUG 21 1984

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASAddress BARCEL OIL, INC.

P.O. Box 1658 CARLSBAD, NM 88220

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>WILLAZIER</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>BARCEL - SEVEN RIVERS</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>LC-02996-C</u>
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Location Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EASTLine of Section 00 Township 00 SOUTH Range 30 EAST , 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"/> <u>PRUDEN PETROLEUM CO - TRUCKS</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 PENBROOK ODESSA, TX 7962</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NONE</u>	Address (Give address to which approved copy of this form is to be sent)

Is well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>00</u>	Twp. <u>00S</u>	Rge. <u>30E</u>	Is gas actually connected? <u>NO</u>	When
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If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DE, EAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

Oil First Run - Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

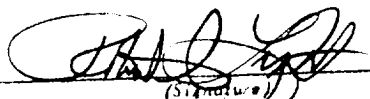
Post ID-3
8-29-84
HJ BT

AS WELL

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

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.

PRESIDENT
(Title)8-20-84
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 22 1984, 19BY Mike WilliamsTITLE OIL AND GAS INSPECTOR

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 multiple recompleted wells.