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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

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JUN 16 1970

Operator Southwestern Natural Gas, Inc. <i>Agent for Paul M. Weiskopf Jr.</i>		O.C.C. ARTESIA, OFFICE
Address 900 Building of the Southwest, Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

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U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mershon Gas Comm.	Well No. 1	Pool Name, including Formation Indian Basin (Up. Penn)	Kind of Lease State, Federal or Fee Fed.	Lease No. NM-3802
Location Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>No.</u> Line and <u>990</u> Feet From The <u>EEL</u> Line of Section <u>21</u> Township <u>22-S</u> Range <u>23E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 552 - Midland, Tex 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 552 - Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 21	Twp. 22-S	Rge. 23-E	Is gas actually connected? Yes	When 6-8-70

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 7-31-69	Date Compl. Ready to Prod. 9-22-69	Total Depth 7631		P.B.T.D. 7620					
Elevations (DF, RKB, RT, GR, etc.) 4255 GL	Name of Producing Formation Upper Penn	Top Oil/Gas Pay 7467		Tubing Depth 7350					
Perforations 7467 - 7611 (16 - 0.456" Holes)		Depth Casing Shoe 7631							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
26	20		13		Ready Mix				
17-1/2	13-3/8		210		250 Sk - Circ				
11	8-5/8		2160		2490 Sk - Circ				
7-7/8	4-1/2		7631		350 Sk - Circ				

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 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

GAS WELL

Actual Prod. Test-MCF/D CAOF - 7400 MCF	Length of Test 7 hrs	Bbls. Condensate/MMCF 5.06	Gravity of Condensate 62.0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 2060	Casing Pressure (shut-in) Packer	Choke Size Various

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Don C. Berger*  
(Signature)  
Operations Manager  
(Title)  
June 12, 1970  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 29 1970, 19  
BY W. A. Gressett  
TITLE OIL AND GAS INSPECTION

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.