

DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	/
LAND OFFICE	/
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRORATION OFFICE	/

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

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

APR 25 1975

O. C. C.

ARTESIA, OFFICE

Operator C & K Petroleum, Inc. ✓	
Address 607 Midland National Bank Bldg., Midland, Texas	
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 checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harold Olive Com.	Well No. 1	Pool Name, Including Formation South Carlsbad - Wolfcamp	Kind of Lease State, Federal or Fee
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>14</u> , Township <u>22-S</u> Range <u>26-E</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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79999
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>14</u> Twp. <u>22-S</u> Rge. <u>26-E</u>	Is gas actually connected? <u>Yes</u> When <u>3-31-75</u>

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 type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-24-73	Date Compl. Ready to Prod. 2-25-74	Total Depth 11,708	P.B.T.D. 9986					
Pool South Carlsbad-Wolfcamp	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9836	Tubing Depth 2-7/8" @ 9476'					
Perforations 9836-9846			Depth Casing Shoe 10414					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	207'	700 sx. circ.
17-1/2"	13-3/8"	2249'	1300 sx. circ.
12-1/4"	9-5/8"	5325'	1260 sx. toc @ 2230'
8-3/4"	7"	10414'	615 sx toc @ 8330'

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

N.E. Cook
(Signature)

Administrative Supervisor
(Title)

April 24, 1975
(Date)

OIL CONSERVATION COMMISSION

APR 25 1975

APPROVED _____, 19

BY W.A. Grasset

TITLE SUPERVISOR, DISTRICT II

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 Sections I, II, III, and VI only 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