## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104

| FILE /   | 1                                       | I TOR ALLOWABLE                        | Supersedes Old C-104 and C-                 |
|--|---|--|---|
| U.S.G.S.   | <u> </u>                                | AND                                    | Effective 1-1-65                            |
| LAND OFFICE  | AUTHORIZATION TO TE                     | RAMSPORT OIL AND NATUR                 | AL GAS                                      |
|  |   |  |   |
| TRANSPORTER OIL  | P                                       | CEIVED                                 |   |
| GAS /  |   |  |   |
| OPERATOR /   |   |  |   |
| PRORATION OFFICE   |   | SEP 23 1976                            |   |
| Operator   |   | <u> </u>                               |   |
| R. C. Bennett & J. C   | Ryan V                                  |  |   |
| Address  |   | o.c.c.                                 |   |
| D O D 2/4 M: 11  |   | RTESIA. OFFICE                         |   |
| P. O Box 264, Midle  | nd, lexas /9/01                         |  |   |
| Reason(s) for filing (Check proper                                 | box)                                    | Other (Please explain)                 | )   |
| New Well   | Change in Transporter of:               |  |   |
| Recompletion   | Oil Dry @                               | Gas [                                  |   |
| Change in Ownership  | Casinghead Gas Cond                     | ensate :                               |   |
|  |   |  |   |
| If change of ownership give name                                   | e                                       |  |   |
| and address of previous owner _                                    |   |  |   |
| I DESCRIPTION OF WELL AN   | The Wallace                             |  |   |
| I. DESCRIPTION OF WELL AN  | Well No. Pool Name, Including           | Constitution                           |   |
|  |   |  |   |
| Tracy Fairway Con  | 1 Und. Morrow                           | State, F                               | ederal or Fee tee                           |
| Location   |   |  |   |
| Unit Letter;   | 1980 Feet From The South                | 100 grad 942                           | West  |
|  |   | r eet r                                | rom rne                                     |
| Line of Section 32   | Township 215 Range                      | 27E                                    | Eddy  |
|  | . runge                                 | Z/L , NMPM,                            | County                                      |
| DESIGNATION OF TRANSPO   | DTED OF OUR AND MATTER AT G             | A. 61                                  |   |
| Name of Authorized Transporter of                                  | RTER OF OIL AND NATURAL G.              |  |   |
| raine of Admortzed Transporter of                                  | on Condensate                           | Awdress /Give address to which a       | approved copy of this form is to be sent!   |
|  |   |  |   |
| Name of Authorized Transporter of                                  |   |  | approved copy of this form is to be sent)   |
| El Paso Natural Gas C  | ompany                                  | P.O.Box 1492, El Pas                   | so, Texas 79998                             |
| If well produces oil or liquids,                                   | Unit Sec. Twp. Rge.                     | Is gas actually connected?             | When  |
| give location of tanks.  |   | i                                      | 1115-76                                     |
|  | <del></del>                             | ne yes                                 | 11-15-76                                    |
|  | with that from any other lease or pool, | give commingling order number:         |   |
| · COMPLETION DATA  | Tour Wall To The Table                  |  |   |
| Designate Type of Comple   | tion - (X)                              | New Well Workever Deeper               | n Plug Back Same Resty. Aft. Reaty          |
| 20018  | X                                       | X                                      | 1   |
| Date Spuddød   | Date Compl. Ready to Prod.              | Total De, ti.                          | P.B.T.D.                                    |
| 7/29/76  | 9-13-76                                 | 11750                                  | 11715                                       |
| Elevations (DF. RKB, RT, GR. etc.                                  | Name of Producing Formation             | Top Oil Pas Pay                        | Tubing Depth                                |
| 3110 gl, 3127 kb   | Upper Morrow                            | 11396                                  | 11715                                       |
| Perforations 1/2" 2 shots no                                       | er foot, 11396-403, 11422-42            |  |   |
|  |   | 1172/ - 707/                           | Depth Casing Short                          |
| 11447-450,   |   |  | //750                                       |
|  |   | D CEMESTING RECORD                     |   |
| HOLE SIZE  | CASING & TUBING SIZE                    | DEPTH SET                              | SACKS (17)                                  |
| 17 1/  |   | 400                                    | 400 sx Class C 2% Cal Chl                   |
| 12 1   | <del></del>                             | 2995                                   |   |
| <u> </u>   | /2 8 5/8                                | 2773                                   | 1200 sx Hal. lite & 300 sx                  |
| ——————————————————————————————————————                             | /0 / 1 / 2                              | 11756                                  | Class C<br>1 1100 sx Class H                |
| 7,7  | 78 4 1/2<br>3 3/0 4                     | 11756                                  | I IIUU sx Class H                           |
| TEST DATA AND REQUEST  | FOR ALLOWABLES (Test must be a          | ifter recovery of total volume of load | oil and must be equal to or excel top allow |
| OIL WELL   | able for this de                        | epth of be for full 24 hours)          |   |
| Date First New Oil Run To Tanks                                    | Date of Test                            | Producing Method (Flow, pump, go       | as lift, etc.)                              |
| :<br>  |   |  |   |
| Length of Test   | Tubing Pressure                         | Casing Pressure                        | Choke Size                                  |
| Soldin or 1 and  |   | Caning I readule                       |   |
|  |   |  | 7/16  |
| Actual Prod. During Test   | Oil-Bbls.                               | Water - Bals.                          | Gas-MCF                                     |
| <u>.</u>   |   |  | 11 11 11 11 11 11 11 11 11                  |
| '—————————————————————————————————————                             |   | -                                      |   |
| GAS WELL   |   |  | į   |
|  | I the of Ti                             | Table Co.                              |   |
| Actual Prod. Test-MCF/D  | Length of Test                          | Bble. Condensate/MACF                  | Gravity of Condensate                       |
| 4,361  | 4 hours                                 | _0- tstm                               |   |
| Testing Method (pitot, back pr.)                                   | Tubing Pressure (Shut-in)               | Casing Pressure (Saut-in)              | Choke Size                                  |
| Hat.   | 898 3650                                | 0                                      | 7/16  |
| 7 64   |   |  | <del></del>                                 |
| CERTIFICATE OF COMPLIA   | NUE                                     | OIL CONSER                             | EVATION COMMISSION                          |
|  |   | NOV.                                   | 1 = 1070                                    |
| I hereby certify that the rules and                                | regulations of the Oil Conservation     | APPROVED NOV                           | 15/19/6                                     |
| Commission have been complied                                      | with and that the information given     | 11 /2                                  | Ann. A                                      |
| above is true and complete to the best of my knowledge and belief. |   | EY                                     | A marel                                     |
|  |   | CT IDEDI/                              | ואר אייטינייי זיי                           |
|  |   | TITLE SUPERVISOR, DISTRICT II          |   |
|  |   |  |   |

## VI.

| _ |        |          |
|---|--------|----------|
|   |        |          |
| / | (Si    | gnature) |
|   | Partne | er       |

(Title) September 22, 1976

(Date)

This form is to be filed in compliance with RULE 1163.

well, this is a request for allowable for a newly drilled code operated well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All acctions of this form must be filled out completely or 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.