

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

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

RECEIVED

JAN 15 1982

O.C.D.  
ARTESIA, OFFICE

30-015-22006

I.

PRODUCTION		
NAME		
E		
U.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PERORATION OFFICE		

Operator  
Petroleum Reserve Corporation ✓  
Address  
4815 S. Harvard, Suite #305, Tulsa, Oklahoma 74135 3096

Person(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☒  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State #21 COM	Well No. 1	Pool Name, Including Formation Burton Flat Morrow	Kind of Lease State, Federal or Fee	L1487 L1514
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line of Section 21 Township 20S Range 28E, NMPM, Eddy				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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"/> Southern Union Gathering Co.	Address (Give address to which approved copy of this form is to be sent) 1st International Bldg. Suite 1800, Dallas, Tx 75270					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 21	Twp. 20S	Rge. 28E	Is gas actually connected? YES	When 10/24/77

If this production is commingled with that from any other lease or pool, give commingling order number: NO

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir, Diff. Prod.
		XX					
Date Spudded 2/13/77	Date Compl. Ready to Prod. 5/11/77		Total Depth 11,427		P.B.T.D. 11,311		
Elevations (DF, R&B, RT, GR, etc.) 3246 GR 3264 KB	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,064		Tubing Depth 11,417		
Perforations 11,064-11,080 32 holes; 11,148-11,164 32 holes; 11,125 -11,134 18 holes.				Depth Casing Shoe 11,409			
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
	2 3/8"		11,417'				
17 1/2"	13 3/8"		600'		400 sxs. Circ.		
12 1/2"	8 5/8"		3,000'		1900 sxs. Circ.		
7 7/8"	4 1/2"		11,409'		800 sxs.		

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 11' able 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 3245	Length of Test 24 hours	Bbls. Co. Condensate/MMCF 1	Gravity of Condensate -----
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2155	Casing Pressure (Shut-in) Packer	Choke Size 12/64"

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.

J. Paul - S. S. S.  
(Signature)

Engineer  
(Title)

January 13, 1982  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 25 1982, 19

BY W. A. Gressett  
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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each well to substitute