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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

RECEIVED

NOV 20 1978

Operator JOHN R. SEAY		O.C.C. ARTESIA, OFFICE	
Address 259 Mid-America Building Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner Germany Investment Co. 12216 Kallala Dr 75225

II. DESCRIPTION OF WELL AND LEASE

Lease Name USA 9	Well No. 1	Pool Name, Including Formation Burton Flat, No. Canyon-Wolfcamp	Kind of Lease State, Federal or Fee FED	Lease No. NM13232
Location Unit Letter I ; 660 Feet From The East Line and 1980 Feet From The South				
Line of Section 9 Township 20-S Range 28-E , NMPM, Eddy 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)	
Navajo Crude Oil Purchasing Co.	Drawer 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company	4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 9
	Twp. 20-S	Rge. 28-E
	Is gas actually connected? No Yes	
	When 11-20-78	
	O/A November 21, 1978	

If this production is commingled with that from any other lease or pool, give commingling order number: R-5749 (CAN/WC)

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					
Date Spudded 1-26-77	Date Compl. Ready to Prod. 3-1-78	Total Depth 11,397	P.B.T.D. 10,980					
Elevations (DF, RKB, RT, GR, etc.) 3300 KB	Name of Producing Formation Canyon-Wolfcamp	Top Oil/Gas Pay 9068	Tubing Depth 9750					
Perforations WC 9068-9250 Canyon 9776-9800			Depth Casing Shoe 11380					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17"	13-3/8	600	400 - Circ					
10-3/4"	8-5/8	2916	1100 - Circ					
7-7/8"	4-1/2	11,380	870					
		2 3/8"	9945					

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 105 MCFPD	Length of Test 24 HRS	Bbls. Condensate/MMCF 120/MMCF	Gravity of Condensate 46
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 500	Casing Pressure (Shut-in) 750	Choke Size 3/4"

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.

John R. Seay
(Signature)
Operator
(Title)
11-17-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 22 1978
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 Forms C-104 must be filed for each pool in multiply completed wells.