

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

126 26 '88

O. C. D.
SANTA FE OFFICE

I. Operator
Primary Fuels, Inc. ✓

Address
415 West Wall, Suite 1300

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

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name PFI Amoco 19 Federal	Well No. 1	Pool Name, including Formation Happy Valley Morrow Gas	Kind of Lease State, Federal or Fee Federal	Lease No. NM-34246
Location Unit Letter <u>K</u> ; <u>1719</u> Feet From The <u>south</u> Line and <u>1999</u> Feet From The <u>west</u> Line of Section <u>19</u> Township <u>22S</u> Range <u>26E</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"/> Amoco Production Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1725, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>19</u> Twp. <u>22S</u> Rge. <u>26E</u>	Is gas actually connected? <u>No</u> When <u>Approx. April 1, 1988</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

K. W. Harbin (Signature)
Vice President (Title)

January 25, 1988 (Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 ____
BY _____
TITLE _____

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 all wells 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

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 10/09/87	Date Compl. Ready to Prod. 12/23/87		Total Depth 11,390'			P.B.T.D. 11,340'			
Elevations (DF, RKB, RT, GR, etc.) GL 3365'	Name of Producing Formation Morrow		Top Oil/Gas Pay 10,869'			Tubing Depth 10,742'			
Perforations 10,869-10,876'						Depth Casing Shoe 11,385'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	612'	319 x Lite+200 sx Cl C
			ppmd+680 sx Cl down 1"
11"	9-5/8"	2,699'	100sx Thixse+75 sx Cl C
7-7/8"	5-1/2"	11,385'	1068 sx Prem+880sx Cl C

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 1,305	Length of Test 20	Bbls. Condensate/MMCF 3.5	Gravity of Condensate 57
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 2501 psi	Casing Pressure (Shut-in) N/A	Choke Size 18/64"