RECEIVED

MAR 22 88

O. C. D.
ARTESIA, OFFICE

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Rev sed 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHOR ZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
L & T OIL CO.

Address
2209 West Industrial Midland, Texas 79701

Reason(s) for filing (Check proper box)

- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Wilderspin FEDERAL	1	~~Wildcat~~ (Bone Springs)	State, Federal or Fee Federal	NM14768B

Location

Unit Letter E : 1650 Feet From The North Line and 660 Feet From The West

Line of Section 11 Township 21S Range 27E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Navajo Refining
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 159 Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Phillips Petroleum
Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook Odessa, Texas 79763 Part ID-2 4-8-88

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	Is gas actually connected?	When
	F	11	21S	27E	yes	1-26-88 Comp & BK

If this production is commingled with that from any other lease or pool, give commingling order number:

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.

(Signature)

President
(Title)

3-21-88
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 05 1988, 19

BY Original Signed By
Mike Williams

TITLE Oil & Gas Inspector

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.

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-28-87	3-14-88	6270	6260
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
GR 3257.2	Bone Springs	5447	6228
			Depth Casing Shoe
			6270

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8" 54.5#	435	500 (circ)
12-1/4	8-5/8" 32#	2553	1150 (circ)
7-7/8	5-1/2" 17#	6270	1350 (circ)

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-14-88	3-15-88	pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	200	30	NA
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
24	19	5	48

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**