

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

FEB 25 '88

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator MUSSELMAN, OWEN & KING OPERATING, INC. ✓	
Address 300 N. Marienfeld, Suite 200, Midland, TX 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Smith Federal	Well No. #2	Pool Name, including Formation Indian Basin Upper Penn	Kind of Lease State, Federal or Fee Federal	Lease No. 251099
Location Unit Letter <u>L</u> ; <u>1650'</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>1</u> Township <u>22-South</u> Range <u>23-East</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"/> Sun Refining and Marketing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2039, Tulsa, OK 74102
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Marathon Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 552, Midland, TX 79702
If well produces oil or liquids, give location of tanks.	Unit <u>L</u> Sec. <u>1</u> Twp. <u>22</u> Rge. <u>23</u> Is gas actually connected? <u>No</u> When <u>March 1988</u> <u>5-18-88</u>

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)  
AGENT

(Title)

2-19-88

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 10 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 1-4-88	Date Compl. Ready to Prod. 2-12-88		Total Depth 7598				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) 3910 GL	Name of Producing Formation Upper Penn		Top Oil/Gas Pay 7519				Tubing Depth 7483		
Perforations 751907537							Depth Casing Shoe 7566		

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8 61#	340	375
12-1/4	8-5/8 24#	2216	1110
7-3/8	5-1/2 15.5#	7566	200
	2-3/8	7483	

#### 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 5141	Length of Test 1 hr.	Bbls. Condensate/MMCF 10	Gravity of Condensate 62.4
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) 1270	Casing Pressure (shut-in) 0 Packer	Choke Size 32/64