

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JUL 26 '88
O. C. D.
ARTESIA OFFICE

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

I.

Operator Primary Fuels, Inc. ✓	
Address 415 West Wall, Suite 1300, Midland, Texas 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"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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. 3Y	Pool Name, Including Formation WILDCAT (DELAWARE)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 34246
Location Unit Letter <u>G</u> : <u>1831</u> Feet From The <u>NORTH</u> Line and <u>2577</u> Feet From The <u>EAST</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1183, HOUSTON, TX. 77251-1183	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NEGOTIATING	Address (Give address to which approved copy of this form is to be sent) Post ID-2 8-19-88 camp & BK	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 19
	Twp. 22S	Rge. 26E
	Is gas actually connected? NO	When 8-19-88

If this production is commingled with that from any other lease or pool, give commingling order number: To be Commingled with #2
at later date. Presently hauling from frac tanks.

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)

K.W. Harbin

Vice President

(Title)

July 11, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED Aug 1 8 1988, 19

BY Original Signed By

Mike Williams

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 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 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							
Date Spudded 3/22/88	Date Compl. Ready to Prod. 6/28/88		Total Depth 11,350			P.B.T.D. 2,362 *			
Elevations (DF, RKB, RT, GR, etc.) GL 3385', KB 3403'	Name of Producing Formation Delaware		Top Oil/Gas Pay 2,200'			Tubing Depth 2,111'			
Perforations NONE - Open Hole 2,200 - 2,362'						Depth Casing Shoe 2,200'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
17 1/2"	13 3/8"		694'			600 sxs.			
12 1/4"	8 5/8"		2,200'			775 sxs.			
	2 3/8"		2111'						

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 5/14/88	Date of Test 7/05/88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure 20	Choke Size --
Actual Prod. During Test	Oil - Bbls. 30	Water - Bbls. 120	Gas - MCF 8

GAS WELL

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

*PBSD 2,362'. Plugged back well as per BLM instructions, 4/28/88.

Plug No. 1	10,881' - 10,781'	35 sx. Cl. H Neat 15.6 ppg
No. 2	10,059' - 9,959'	35 sx. Cl. H Neat 15.6 ppg
No. 3	9,882' - 9,782'	35 sx. Cl. H Neat 15.6 ppg
No. 4	8,344' - 8,244'	35 sx. Cl. H neat 15.6 ppg
No. 5	2,500' - 2,300'	70 sx. Cl. H + 3% CaCl ₂ 15.6 ppg