

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

RECEIVED

OIL CONSERVATION DIVISION

JUL 03 '89

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Santa Fe		
File		
Transporter	Oil	
Operator	Gas	

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. ARTESIA OFFICE

Operator BILL FENN, INC.	Well API No. 30-015-26081
Address P. O. DRAWER 569, GIDDINGS, TEXAS 78942	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name ROARING SPRINGS FED. COM.	Well No. 1	Pool Name, Including Formation INDIAN BASIN - STRAWN	Kind of Lease State, Federal or Fee	Lease No. NM-76919
Location				
Unit Letter E	: 1650	Feet From The N	Line and 990	Feet From The W
Section 14	Township 21 S	Range 23 E	NMPM, EDDY County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil KOCH OIL CO.	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1558, BRECKENRIDGE, TX 76024				
Name of Authorized Transporter of Casinghead Gas NATURAL GAS PIPELINE, INC.	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 283, HOUSTON, TEXAS 77001				
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 14	Twp. 21S	Rge. 23E	Is gas actually connected? <del>NO</del> <i>yes</i>	When? <del>TO BE DETERMINED</del> <i>8-15-89</i>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3/20/89	Date Compl. Ready to Prod. 6/6/89		Total Depth 9564		P.B.T.D. 9087			
Elevations (DF, RKB, RT, GR, etc.) 3804	Name of Producing Formation STRAWN		Top Oil/Gas Pay 8309		Tubing Depth 8232			
Perforations 8309 - 8452					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		304'		300 SACKS			
12 1/4"	9 5/8"		1998'		950 SACKS			
8 3/4"	7		7926'		575 SACKS			
6 1/8"	4 1/2"		9564'		300 SACKS			

V. TEST DATA AND REQUEST FOR ALLOWABLE 2 3/8" at 8232'

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.) <i>Post FO-2 8-18-89 complete</i>	
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 315	Length of Test 16 1/2 HRS.	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 1760	Casing Pressure (Shut-in) -	Choke Size VARIABLE

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

*Danny Brown*  
Signature  
DANNY BROWN OPERATIONS MANAGER  
Printed Name  
Title  
(409) 542-9631  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 17 1989

By ORIGINAL SIGNED BY  
M. L. WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.