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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

MAR 17 1975

Operator C & K Petroleum, Inc.		O. C. C. ARTESIA, OFFICE	
Address 607 Midland National Bank Bldg., Midland, Texas 79701			
Reason(s) for filing (Check proper box)		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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner			

I. DESCRIPTION OF WELL AND LEASE

Lease Name Exxon Federal	Well No. 1	Pool Name, including Formation Wildcat	Kind of Lease State, Federal or Fee Federal
Location Unit Letter F ; 2080 Feet From The West Line and 1900 Feet From The North Line of Section 17 , Township 24-S Range 26-E , NMPM, Eddy County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> none	Address (Give address to which approved copy of this form is to be sent) ---					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 17	Twp. 24-S	Rge. 26-E	Is gas actually connected? no yet	When 4-4-75

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

V. 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 9-16-73	Date Compl. Ready to Prod. 12-1-73		Total Depth 11975		P.B.T.D. 11914			
Pool undesignated	Name of Producing Formation Morrow		Top Oil/Gas Pay 11571		Tubing Depth 2-7/8" @ 11714'			
Perforations 11571-11580; 11698-11704; 11712-11714					Depth Casing Shoe 11975			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
cond. pipe	20"	30'	4 yds. Remix
17-1/2	13-3/8"	480'	475 sx. circ.
12-1/4"	9-5/8"	5600'	1630 sx
7-7/8"	5-1/2"	11975'	225 sx

VI. TEST DATA AND REQUEST FOR ALLOWABLE 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)

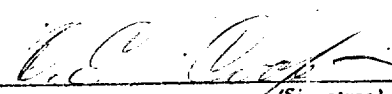
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1.594	Length of Test 1-3/4 hrs	Bbls. Condensate/MMCF none	Gravity of Condensate ---
Testing Method (pitot, back pr.) Back press.	Tubing Pressure 3201	Casing Pressure pkr	Choke Size 9/64"

VII. CERTIFICATE OF COMPLIANCE

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


Administrative Supervisor
March 13, 1975
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	APR 8 1975
BY	W. A. Brissett
TITLE	SUPERVISOR, DISTRICT II
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 Sections I, II, III, and VI only 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 to multiply	