

SANTA FE	
FILE	
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

DEC 17 1975

RECEIVED

Operator Corinne Grace ✓		O. C. C. ARTESIA, OFFICE		DEC 5 1975	
Address P. O. Box 1418, Carlsbad, New Mexico 88220					
Reason(s) for filing (Check proper box)					
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name White Baby Com	Well No. 1	Pool Name, including Formation Unders. White City Penn	Kind of Lease State, Federal or Fee	Lease No. K-4540
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u>				
Line of Section <u>16</u> Township <u>24S</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 type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Company	P.O. Box 159 Artesia, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 16	Twp. 24S	Rge. 26E	Is gas actually connected? Yes	When 12/9/75

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 11/16/74	Date Compl. Ready to Prod. 9/22/75	Total Depth 11640		P.B.T.D. 11632					
Elevations (DF, RKB, RT, GR, etc.) 3414.6	Name of Producing Formation Morrow	Top Oil/Gas Pay 11260		Tubing Depth 11,228'					
Perforations 11562-11572 2spf 11260-11280 2spf 11316-11320 5 holes				Depth Casing Shoe 11640					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2		13 3/8		376		400 sks			
12 1/4		9 5/8		5465		1550 sks			
7 3/4		5 1/2		11600		1100 sks			
		2 7/8		11228					

V. 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)

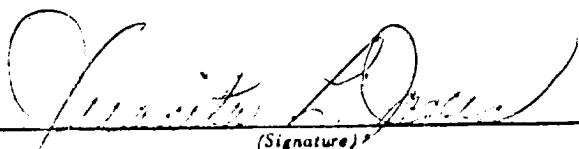
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

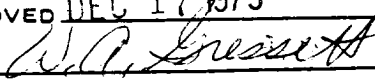
Actual Prod. Test-MCF/D 2,366 AOF	Length of Test 4 hours	Bbls. Condensate/MMCF Dry Gas	Gravity of Condensate Dry
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 3800	Casing Pressure (Shut-in)	Choke Size varied

VI. 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.


(Signature)
Agent
(Title)
12/3/75
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 17 1975
BY 
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 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