

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

JUN 28 1984

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS*Amended*

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	<input checked="" type="checkbox"/>

Operator
InterNorth, Inc.Address
10,000 Old Katy Rd., Suite 100, Houston, Texas 77055

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☒

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carlsbad St. Com.	Well No. 1	Pool Name, including Formation So. Carlsbad (Morrow)	Kind of Lease State, Federal or Fee	State State	Lease No. L-6381
Location Unit Letter <u>E</u> : <u>2140</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u>	Line of Section <u>16</u>	Township <u>22-S</u>	Range <u>27-E</u>	NMPM, <u>Eddy</u>	Count <u>Count</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3339, Abilene, Tx 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc	Address (Give address to which approved copy of this form is to be sent) Box 1320, Hobbs NM 88240					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>16</u>	Twp. <u>22-S</u>	Rge. <u>27-E</u>	Is gas actually connected? <u>Yes</u>	When <u>1-28-81</u>

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.
		X	X					
Date Spudded 3-14-80	Date Compl. Ready to Prod. 8-4-80	Total Depth 11,827'	P.B.T.D. 11,760'					
Elevations (DF, RKB, RT, GR, etc.) 3105.8' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay <u>11,620</u>	Tubing Depth 11,520'					
Perforations 11,620-21; 11,630-40; 11,708-10; 11,712½; 11,723-33 & 11,740-47 with ISPF			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20	16", 65#	373'	595					
14 3/4	10 3/4", 51#, 45, 50#, 40.50#	5270'	3250					
9 ½	7 5/8"	10590'	2100					
6 ½	5", 23.08# (TOL-10,270')	11827'	225					

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
able 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 900	Length of Test 24 hrs.	Bbls. Condensate/MMCF Tr.	Gravity of Condensate -
Testing Method (piston, back pr.) Test Separator	Tubing Pressure (Shut-in) 3450	Casing Pressure (Shut-in) 0	Choke Size 15/64"

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
above is true and complete to the best of my knowledge and belief.*Jo Ann Randall*
(Signature)*Production Unit*
(Title)*6/12/84*
(Date)

OIL CONSERVATION DIVISION

JUL 09 1984

APPROVED
BY *Original Signed By*
Leslie A. Clements
Supervisor District II

TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or de
well, this form must be accompanied by a tabulation of the de
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of
well name or number, or transporter, or other such change of co
Separate Forms C-104 must be filed for each pool in r
completed wells.

