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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective  
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DEC - 1 1981

O. C. D.  
ARTESIA, OFFICE

Operator W. A. MONCRIEF, JR. /	
Address 400 Metro 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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Crooked Creek State "Com"	Well No. 1	Pool Name, Including Formation Wildcat - Strawn	Kind of Lease State, Federal or Fee	State State	Lease No. V-144
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>1</u> Township <u>24S</u> Range <u>24E</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) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79900					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 1	Twp. 24S	Rge. 24E	Is gas actually connected? yes	When 10/15/81 8/

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 8-6-81	Date Compl. Ready to Prod. 11-23-81	Total Depth 10,700 Driller		P.B.T.D. 9629'					
Elevations (DF, RKB, RT, GR, etc.) 3993 Gd., 4010 KB	Name of Producing Formation Strawn Sand	Top Oil/Gas Pay 9439		Tubing Depth 9300'					
Perforations <u>9439-9444</u>				Depth Casing Shoe 10,694					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"		383		400 Sax Class "C" w/2% CAC				
11 1/2"	8 5/8"		2721		950 Sax lite +200 Sax Clas				
7 7/8"	4 1/2"		10,694		900 Sax Class "H" "C				
4 1/2"	2 3/8"		9309						

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 2.085 MCFG	Length of Test 24 Hrs.	Bbls. Condensate/MMCF NONE	Gravity of Condensate
Testing Method (pilot, back pr.) flowing	Tubing Pressure (shut-in) 3300 #	Casing Pressure (shut-in) Packer	Choke Size 13/64"

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.

Samuel E. Thornton  
(Signature)

Exploration Manager

(Title)

11/25/81

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC - 1 1981 , 19

BY W. A. Gressett

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 completed wells.