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SANTA FE	V		
FILE	1	V	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	V	/
	GAS		
OPERATOR	V		
PROBATION OF	1		

(Title)

(Date)

August 18, 1987

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 110

FILE			V	V]			REC	EIVERD	LOWABLE		•	Supersedes () Effective 1-1-)ld C-104 and C -65	
U.S.G.S.					. Al	JTHOR	RIZATI			T OIL AND	NATURAL	CAS			
LAND OFF	ICE			 	1			, ,		. OIL AND	HATUKAL	GA2			
TRANSPOR		OIL G A S	V	/_			·	AUG	21 87		•				
PRORATIO		ICE	V		-			4.	¢. D .						
Operator	14 07 7			<u> </u>	<u> </u>				A. OFFICE		:ASINGHE/	AD GAS	MUST NO	OT BE	
Readi Address	ng &	Bate	s P	etr	oleum	Co.					LARED AF	•			
2412	N. Gı	randv	iew	, S	uite :	201.	0dess	a, Texa	ıs 797		INLESS AN ULE 306 I				
Reason(s) for	filing (C	Check p	roper	box)				u, iche	171	Other (Pleas	e explhin)	3 ODIA	NED X		
New Well Recompletion	[닉				nge in 7	ransport	er of:		i .	a lowab	le of 1	500 test	ino	
Change in Ow	nershin	-			011	L_a		7	Gas	allowab	1e / (6210-	-6230')			
If change of c	wnersh	ip give	pam		Cds	Inghead	Gas [Con	densate	Delawar	e/zone				
and address o	f previ	ous ow	ner_		 .			1 /							
Lease Name	ON OF	WELI	AN	I DV		No. P	(1)	deal	-		7				
Brant	lev C	Comm.			1 ""	-1		-	Formation Delawar		Kind of Leas			Lease No.	
Location							mues.	ranared	Delawar	<u>e </u>	State, Feder	Il of Fee	Fee	19371	
Unit Letter		N		554	Fee	t From '	The	South	ine and	1874	Feet From	The We	est		
Line of Sec	tion	23		Town	nship	23S		Range	28E	, NMPM	. Eddy			County	
. DESIGNATION	ON OF	TRAN	SPC	ORT	ER OF	OIL A	ND NA	TURAL (AS						
Name of Autho	rized Tr	ransport	er of	011	X	or Conc	lensate		Address (Give address	to which appro	ved copy of	this form is t	to be sent)	
I	Permian Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Box 1	183	Houston	. Texas	77001	1				
El Pas						is [X]	or Dry	Gas 🗀	1		to which appro			o be sent)	
					Unit	Sec.	Twp.	Rge,	Box 1	492 tually connects	El Paso				
If well produce give location o			,	!	N	23	238	1		ter disc			9-2-	87	
If this product	ion is c	ommin	gled	with	that fro							A5 S	oon as p	ossibłe	
					(35)	011	Well	Gas Well	New Well	Workover	Deepen	Plug Bac	Same Per	i'v. Diff. Res'	
Designate	lype	of Co	mple —			, X		! !	ļ	. X	1	¦ V	I Sume nes	· · ·	
Date Spudded					Date Com				Total Dep		<u></u>	P.B.T.D.	<u></u>	i	
9/22/8 Elevations (DF		DT CD			8/13/	87 (o	rig 1	1/10/8					7' KB		
3004.3		ni, Gr	etc.		Name of F		ig Format	tion	Top Oil/Gas Pay		Tubing Depth				
Perforations	Detailate		4/10	4710'			6175 Depth Casing Shoe								
6210-6	230'											7470	-		
						TUB	ING, C	ASING, AN	D CEMENT	ING RECOR	D	1 7470			
11"	OLE SI	ZE				ING &	TUBING			DEPTH SET			SACKS CEMENT		
	11			_		<u>-5/8"</u>				500'		550 sx HLC & C			
/ //0	7 7/8"			5-	-1/2"			7	7470'			2550 sx HLC & C			
						23/	<u> </u>			6/25		 			
TEST DATA	AND F	REQUE	EST	FOE	RALLO			st must be	after recovery		ne of load oil o			xceed top allou	
OIL WELL Date First New					Date of Te		abl	le for this a	epth or be for	full 24 hours	pump, gas lif	ind must be	Ps	iceed top allow	
				- 1			. 0 .	`p	Producing	Method (Flow,	pump, gas lif	t, etc.)	8-	+ ID-2 28-87	
Length of Test				1	Cubing Pr	essure	0/		Casina Pre	1 /2 2.1		Chaha Sta	BH	- PB	
Actual Prod. Du	4/			1	·				0.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Chore Siz	comy	- PB	
Actual Prod. Du	ring Te	o t			oil-Bbia.			· · · · · · · · · · · · · · · · · · ·	Water - Bbl			Gas-MCF			
						151)			1.27			2. 1		
						-						1			
GAS WELL Actual Prod. Te	- NCE	- 40			11 6					···					
					ength of				Bbls. Cond	lensate/MMCF		Gravity of	Condensate		
Testing Method	(pitot, b	back pr.)	Т	ubing Pre	ssure (Shut-in)	Casing Pre	ssure (Shut-	in)	Choke Size			
CERTIFICAT	E OF	COMP	LIA	NCE	;					OII C	ONSERVA	TION CO	MMISSION	· 	
				_							AVAILA O	L 4007	MOICCHAIR		
I hereby certify	that th	ne rule:	and	i reg	ulations	of the	Oil Con	servation	APPRO	VED	AUG 2	0 1901		9	
Commission ha	mmission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.				APPROVED AUG 2 6 1987 Original Signed By										
	and complete to the best of my knowledge and belief.					BY Original Signed By Les A. Clements TITLE Supervisor District II									
							TITLE .		Supervi	sor District	44				
6/-	Land Magarik						This	form is to 1	oe filed in co	mpliance	with RULE	1104.			
_ AM	Jex.	114	ŊĠ	w	wy				If th	is is a reque	st for allows	ble for a n	newly drilled	or deepened	
Drilli				natur	(E)				well, thi	s form must i en on the w	be accompan ell in accord	ied by a te ance with	bulation of t RULE 111.	the deviation	

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.