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OPERATOR		✓
PRORATION OFFICE		

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 1-1-65

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FEB 08 1983

Operator W.A. Moncrief, Jr.		O. C. D. ARTESIA OFFICE	
Address 400 Metro Bldg., Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" 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 "A" Com 1	Well No. 1	Pool Name, Including Formation Baldrige Canyon Morrow	Kind of Lease State, Federal or Fee	Lease No. LG-6341
Location Unit Letter I, 1980 Feet From The south Line and 660 Feet From The east Line of Section 2 Township 24S Range 24E, NMPM, Eddy 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 79999	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 2
	Twp. 24S	Rge. 24E
	Is gas actually connected?	When 5-12-82

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				X
Date Spudded 2-8-82	Date Compl. Ready to Prod. 2-3-83	Total Depth 10,647'	P.B.T.D. 10,625'					
Elevations (DF, RKB, RT, CR, etc.) 4010 Gd, 4029 KB	Name of Producing Formation Lower Morrow sand	Top Oil/Gas Pay 10,452'	Tubing Depth 10,370'					
Performances 10,452, 10,461, 10,465, 10,467 (4 holes) 10,477-10,483 (12 holes) 10,555, 10,556, 10,557, 10,558, 10,563, 10,564 & 10,570 (8 holes) Total 24 holes (.40")		Depth Casing Shoe 10,647'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13-3/8"	428'	250 lite + 1150 Class "C"					
11 1/2"	8-5/8"	2,707'	900 lite + 200 Class "C"					
7-7/8"	4 1/2"	10,647'	600 sax Class "H"					
4 1/2"	2-3/8"	10,370'						

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 1,058	Length of Test 24 hrs.	Bbls. Condensate/MMCF none	Gravity of Condensate
Testing Method (pitot, back pr.) Flowing into P.L.	Tubing Pressure (Shut-in) 2500#	Casing Pressure (Shut-in) packer	Choke Size 13/64" ck

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.

Dewey E. Thornton
(Signature)

Exploration Manager
(Title)

2-7-83
(Date)

OIL CONSERVATION COMMISSION

JAN 22 1983

APPROVED _____, 19____
BY Leslie A. Clements
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 multir