NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR	✓	
PRORATION OFFICE		

RECEIVED BY
AUG 19 1985
O. C. D.
ARTESIA OFFICE

I.
Operator: Kaneb Production Company

Address: 400 Wilco Building   Midland, Texas 79701-4466

Reason(s) for filing (Check proper box)

New Well [X]   Change in Transporter of:
Recompletion [ ]   Oil [ ]   Dry Gas [ ]
Change in Ownership [ ]   Casinghead Gas [ ]   Condensate [ ]

Other _____

CASINGHEAD GAS MUST NOT BE FLARED AFTER 9-21-85 UNLESS AN EXCEPTION FROM THE B.L.M. IS OBTAINED

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool name and/or producing formation	Kind of Lease	Lease No.
Federal 24	1	Wildcat Sand Dunes (Cherry Canyon)	State, Federal or Fee Federal	NM 40655

Location

Unit Letter __E__ : __1980__ Feet From The __North__ Line and __467__ Feet From The __West__

Line of Section __24__   Township __23-S__   Range __31-E__   NMPM   __Eddy__   County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O.Box 1183 Houston, TX 77251-1183
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is it actually connected?	When
	E	24	23S	31E	No	

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-12-85	7-30-85	6500'	6176'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
KB: 3508', GL: 3496'	Todd	6058 6071	6100'

Perforations	Depth Casing Shoe
(6071',72,73,74,77,78,79,80,81,82,83) w/22 shots	6200'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	506'	580 sx Class "C" w/2%cc
11 "	8 5/8"	4330'	1700 sxPace Setter & 290 sx Class "C"
7 7/8"	4 1/2"	6200'	415 sx Class "C" 50-50 Poz
	2 3/8"	6100'	

V. TEST DATA AND REQUEST FOR ALLOWABLE   (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)
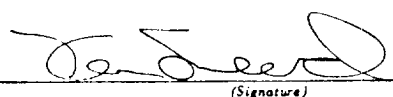
OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-30-85	8-10-85	Pumping	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	57	0.0	31 (estimate)

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

Post ID-2
8-23-85
Comp & BK

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)

Assistant Division Production Manager
(Title)

August 15, 1985
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 21 1985 , 19____

BY Original Signed By
Les 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 multiply completed wells.