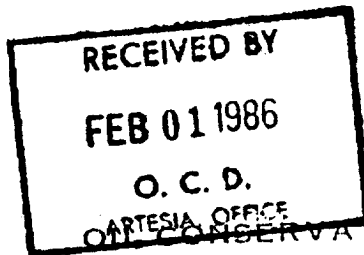


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT



Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Milton Wessels

Address P.O. Box 90717 Houston, Texas 77090

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 4-4-86 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Flyer</u>	Well No. <u>2</u>	Pool Name, including Formation <u>So. Culebra Bluff Springs</u>	Kind of Lease <u>State, Federal or Fee</u>	Fee	Lease No.
Location Unit Letter <u>D</u> : <u>610</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>					
Line of Section <u>27</u> Township <u>23-S</u> Range <u>28-E</u> , NMPM, <u>Eddy</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2130, Hobbs, NM 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Post ID-2 2-7-86 Camp BK</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>27</u> Twp. <u>23-S</u> Rge. <u>28-E</u>	Is gas actually connected? <u>No</u> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Milton Wessels
(Signature)
(Operator)
1/31/86
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 4 1986, 19_____
Original Signed By
Les A. Clements
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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-28-85	Date Compl. Ready to Prod. 1-24-86	Total Depth 6800			P.B.T.D. 6772			
Elevations (DF, RKB, RT, GR, etc.) 3033 GR	Name of Producing Formation Bonespring	Top Oil/Gas Pay 6220			Tubing Depth 6340			
Perforations 25 holes Top Area 25 holes bottom area					Depth Casing Shoe 6772			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8 36 new	474	300
7 7/8	5 1/2 17 new	6772	3000

TEST DATA AND REQUEST FOR ALLOWABLE (Text 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 1-25-86	Date of Test 1-28-86	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 460	Casing Pressure 950	Choke Size 24/64
Actual Prod. During Test 527	Oil - Bbls. 217	Water - Bbls. 310	Gas - MCF 170

AS WELL

Initial Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Setting Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size