

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PR. BY OFFICE RECEIVED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL ✓
	GAS ✓
OPERATOR	
PRODUCTION OFFICE	

I. Operator Milton Wessels ✓

Address P.O. Box 90717 Houston, Texas 77090

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Casinghead Gas	

Other (Please explain)

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 Spring</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>Fee</u>
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>28E</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Co</u>	<u>Box 2130 Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co.</u>	<u>P.O. Box 1492 El Paso TX 79901</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>D</u> Sec. <u>27</u> Twp. <u>23S</u> Rge. <u>28E</u>	<u>Yes</u> <u>3/21/86</u> <u>Past ID-3</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 3-28-86

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  
(Title)  
3/21/86  
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 7 1986, 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 multiple completed wells.

# COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
12-28-85	X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
12-28-85	1-24-86		6800		6772			
evaluations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3033 GR	Bonespring		6220		6340			
Corrections	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
	2 3/8	6340	

## 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)

1-25-86	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-28-86	1-28-86	Flow	
24 hrs	Tubing Pressure	Casing Pressure	Choke Size
	460	950	24/64
527	Oil - Bbls.	Water - Bbls.	Gas - MCF
	217	310	170

## S WELL

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