Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

CAL CONSERVATION DIVISION

Revised 1-1-89
See Instructions
at Bottom of Page

P.O. Drawer DD, Artesia, NM 88210		C	-A - 177 - 1		0X 2U88					4	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQU		•		exico 8750	14-2088 AUTHORIJ	ZATION				
1.										r	
Operator	TO TRANSPORT OIL AND NATURAL GAS OCT 1 1 1991										
	Inc.					- 					
Address		_		APTE), C. D.						
P.O. Box 2459 Reason(s) for Filing (Check proper box)	Carlsh	ad	New	Mexi	SUA CIFECT	er (Please expla	in)				
New Well		Change in	Transport	er of:	L						
Recompletion X	Oil	_	Dry Gas								
Change in Operator If change of operator give name	Casinghea	d Gas	Condens	ate					··-	 	
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name	Well No. Pool Name, Includi							of Lease No.			
H.B. 3 Federa	l #1 Wildcat H				Bone Springs State.			Federal or Fee NM 59385			
Location Unit LetterJ	. : 198	30'	Feet From	m The $\frac{S}{}$	outh Lin	e and 1980	Fe	et From The	East	Line	
Section 3 Township	p 24S	 	Range	29E	, NI	мрм, Е	ddy			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden:		7	Address (Giv	e address to wi					
Scurlock Permia				<u> </u>	· · · · · · · · · · · · · · · · · · ·	Box 464					
Name of Authorized Transporter of Casing Pinnacle Natura					Address (Give address to which approved copy of this form is to be sent) P.O. Box 11248 Midland, Texas 79702						
If well produces oil or liquids,	Unit Sec. Twp. Rge.				Is gas actually		When				
give location of tanks.	J	3	245	29E	Ϋ́c	-5_	i	10/2	5/91		
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or p	ool, give	comming	ing order numl	ber:					
Designate Type of Completion		Oil Well	i	s Well	X	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v	
Date Spudded 7-22-87	Date Compl. Ready to Prod. 10-7-91				Total Depth 13,985'			P.B.T.D.	565' 1	out ID-	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			1		11-1-9	
3052.2 GR	1st Bone Springs SD				7,863'			Tubing Depth 7,725' Come B			
Perforations 7,863' 7,895'					I			Depth Casin	ig Shoe 933 ¹	mp D	
		UBING.	CASIN	G AND	CEMENTI	NG RECOR	D	<u></u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
17 1/2]	13 3/8"				714'			750 SX C1 C		
12 1/4		9 5/8 7"	<u>"</u>		3,082'			2000 SxLite 300 SxC 800 Sx Cl H			
8 1/2	ļ	\$ 1/2"				10, 385' 13,933'			600 Sx C1 H		
V. TEST DATA AND REQUES	T FOR A				1 -9/5			1 000			
OIL WELL (Test must be after re			of load oil	and must					for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
10-6-91 Length of Test	10-9-91 Tubing Pressure			Casing Pressu		owing	Choke Size	·			
24 Hr	1 -	1200 PSI			2000 PSI			18/64			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
399.5	328.5 Bbls				71 Bbls			800 MCFD			
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul				CE		OIL CON	ISERV	ATION	DIVISION	ON NC	
Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.					Date ApprovedOCT 2 4 1991						
Former 10 H	1/2000					- -					
Signature					By ORIGINAL SIGNED BY						
Tommy W. Folsom						MIKE WILLIAMS					
Printed Name Title						Title SUPERVISOR, DISTRICT IF					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

<u>(505) 236-60</u>41

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.