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District II
Drawer DD, Artesia, NM 88210

District III
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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

NOV 19 '90

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA OFFICE

Operator	W. A. MONCRIEF, JR.	Well API No.	30-015-26097
Address	MONCRIEF BUILDING, NINTH AT COMMERCE, FORT WORTH, TEXAS 76102		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)		
Is Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Completion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
Range of operator give name			
Address of previous operator			

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
ROBINIA DRAW FEDERAL	1	BANDANA POINT-UPPER PENN		NM 54839
Location				
Unit Letter	L	Feet From The	S	Line and 990 Feet From The
Section	4	Township	23S	Range 24E, NMPM, EDDY County

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)				
NAVAJO REFINING CO		BOX 159 ARTESIA, NM 88210				
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)				
EL PASO NATURAL GAS PIPELINE		BOX 1492 EL PASO, TEXAS 79978				
Well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
location of tanks.	L	4	23S	24E	YES	12-1-89
If its production is commingled with that from any other lease or pool, give commingling order number:						

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.					
4-28-89	6-28-89	10,830	8,515					
Productions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Pay	Tubing Depth					
4122 GL	UPPER PENN	8,402	8,326					
Formations			Depth Casing Shoe					
8402-8412			10,830					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" 68#	400'	200 LITE 200 PREMIUM
11 1/2"	8 5/8" 32#	2355'	500 LITE 200 PREMIUM
7 7/8"	5 1/2" 17#	10830'	1050 PREMIUM PLUS
5 1/2" CASING	2 7/8" 6.5#	8326'	

TEST DATA AND REQUEST FOR ALLOWABLE

L 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11/6/90	11/4/90	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
14 Hours	2700#	2000#	9/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	77	0	8800

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
274.167 -6459	4 HRS	17.65	58.9
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
BACK PRESSURE 4 PT.	2985	0	6/64 - 16/64

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

Signature Patsy Holcomb
Printed Name PATSY HOLCOMB
Date 11-5-90
Title AGENT
Telephone No. 817 336-7232

OIL CONSERVATION DIVISION

Date Approved NOV 30 1990
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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

- 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.
- 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.