

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

RECEIVED

JUN 25 1991

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Pacific Enterprises Oil Company (USA)		Well API No. 30-015-26531
Address P.O. Box 2500, Casper, Wyoming 82602		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" 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"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name PEOC "15" State Com	Well No. 1	Pool Name, including Formation Carlsbad South-Morrow	Kind of Lease State, Federal or Fee	Lease No. K-3077
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line Section 15 Township 23S Range 26E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Company	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588, Breckenridge, TX 76204
Name of Authorized Transporter of Casinghead Gas LLANO	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 921 W. Sanger, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit L Sec. 15 Twp. 23S Rge. 26E	Is gas actually connected? Yes When? 3/12/91

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				X
Date Spudded 11/28/91	Date Compl. Ready to Prod. 5/28/91 Recompleted		Total Depth 12,020'		P.B.T.D. 11,911'			
Elevations (DF, RKB, RT, GR, etc.) 3,344' RKB	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,702'		Tubing Depth 11,507'			
Perforations Morrow: 11,702'-11,714', 11,740'-11,748', 11,814'-11,822'					Depth Casing Shoe 12,020'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		616		660			
12-1/4	8-5/8		2,827		1400			
7-7/8	5-1/2		12,020		1200			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 720	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) 800	Casing Pressure (Shut-in) Packer	Choke Size 24/64

VI. 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  
Michael D. Brown Operations Engineer  
Printed Name Title  
June 21, 1991 (307) 237-8461  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 2 1991

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.