L TRIBUTIO		Ī	
SANTA FE	1	1	
FILE	1	7	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THE TOTAL ER	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

NEW MEXICO OIL CONSERVATION COMMI N

Form C-104

FILE		+	┼─	REQUEST	FOR ALLOWABLE		Supersedes Old Elloctive 1-1-69	
U.S.G.S.			 	AUTUODIZATION TO TO	AND	DECO		
LAND OFFICE		-	 -	AUTHORIZATION TO TR	ANSPORT OIL AND	NATURAL GAS	1	* C;)
	OIL						!!!! .	
TRANSPORTER	GAS	 					JUL 28	198 1
OPERATOR		t	<u> </u>				<i>C</i> 1. •	
PRORATION OF	FICE	<u> </u>					O. C. D	l _.
Operator					·	· · · · · · · · · · · · · · · · · · ·	- WIESIA TAT	'Cr
Flo	rida 1	Exp.	lora	ntion Company /				
Address					`			
					701			
Reason(s) for filing		roper	box		Other (Pleas	e explain)		
New Well	KXI KXI			Change in Transporter of:				
Recompletion	H			OII Dry G	FF 1			
Change in Ownership				Casinghead Gas Conde	nsate	· · · · · · · · · · · · · · · · · · ·		
If change of owners and address of prev								
							•	
DESCRIPTION O	F WEL	L A	ND I	Well No. Pool Name, Including F	`ormation	Kind of Lease		
	s Drav	- 11	, ·+	ا ← مین ایا	Office/1011	State, Federal or	Fee Federal	Lease No.
Location	5 DIAV	· u	me	10 POTTOW		Totalo, i dacidi di	rederar	
1	<u>E</u>	;	198	Feet From The North Lin	ne and 660	Feet From The	West	
Line of Section		27	Town	nship 26-S Range	30-E , NMPM	, Eddy		County
								•
DESIGNATION O				or Condensate XX		to which approved	convolution form in to	La carel
	tern (P. O. Box 5568, Denver Co 80217			oe sent)
Name of Authorized					Address (Give address to which approved copy of this form is to be sent)			he sent!
				Gas Co.	1	the fact of the control of the fact of the		
				Unit Sec. Twp. Rge.	2 Petroleum Center Suite N.A @ Wadley Midlan 1s gas actually connected? When 8-8-8 / 7970			79701
If well produces oil give location of tank		B,		E 27 26 30	No y e 5 approx 8-2-81			7,7,01
If this production is COMPLETION DA		ngled	l with	that from any other lease or pool,	give commingling order	r number:		
Designate Typ	e of Co	amal	etion	Oil Well Gas Well	New Well Workover	Deepen Pl	ug Back ¹ Same Res ¹	Diff. Res'v.
		Jiipi			1 X	1 1	<u> </u>	1
Date Spudded	_ 8 1		1	Date Compl. Ready to Prod. 7-13-81	Total Depth 14,540	f	в.т.р. 4,492¹	
Elevations (DF, RKE		D		Name of Producing Formation	Top Oil/Gas Pay		bing Depth	
2992		n, etc	·'	Morrow	14,305'		12,121'	
Perforations							pth Casing Shoe	
	305'-1	4,4	05'				14,540'	
	· 			TUBING, CASING, AND	CEMENTING RECOR	D	· · · · · · · · · · · · · · · · · · ·	
HOLE	SIZE			CASING & TUBING SIZE	DEPTH SE		SACKS CEME	NT
6 1/				5" liner	14.540'-top 12.135'		670	
2 7/	/8"tbg	3			12.150' pkr]	12,135'		
					<u> </u>	ii	·	
TEST DATA AND	REQU	EST	FO:		fter recovery of total volu		nust be equal to or ex	ceed top allow
OIL WELL				Date of Test	pth or be for full 24 hours Producing Method (Flow			- 172-i
Date First New Oil F	dun 10 1	ank s		Date of lest	Floadeing Method (1 104	, pamp, gas w, , cs	, / /	· · · · · · · · · · · · · · · · · · ·
Length of Test				Tubing Pressure	Casing Pressure	l Ch	oke Size	illa .
Cendru dr 1 est				. abii.g r . aaa aa			7 ·	
Actual Prod. During	Test			Oil-Bble.	Water - Bbls.	Go	s-MCF	7
						<u></u>		
GAS WELL								
Actual Prod. Test-M	CF/D,	F	Ţ	Length of Test	Bbls. Condensate/MMCI	F Gr	avity of Condensate	
148	H 0	45		4 hrs				
Testing Method (pito				Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in) Ch	oke Size	
back	pres	s		6570	pkr	<u> </u>	adj	
CERTIFICATE O	F COM	PL1/	ANC		OIL C	CONSERVATIO	N COMMISSION	
- · · · - · ·					§ P	UG 1 4 1981		
hereby certify that	t the rul	.02 41	nd re	gulations of the Oil Conservation	APPROVED H	0 1 - 1001	, 1	9

! hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief,

St. Springt
(Signature)
Division Engineer
(Title)
7-27-81

(Date)

TITLE SUPERVISOR DISTRICT H

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.