

## A M E N D E D

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

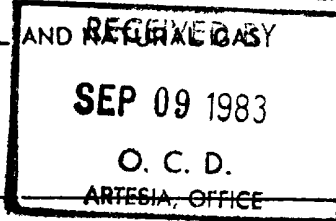
AND

AUTHORIZATION TO TRANSPORT OIL AND GAS

Form C-104

Supersedes Old C-104 and C-110  
Effective 1-1-65

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRODUCTION OFFICE		



Operator New Tex Oil Company ✓

Address P.O. Box 297, Hobbs, NM 88240

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>10-12-83</u> UNLESS AN EXCEPTION <u>TO FROM BLM</u> IS OBTAINED
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Stateline Federal	1	Brushy Draw - <u>Cherry Canyon</u>	State, Federal or Fee Federal	NM-54998
Location				
Unit Letter	D	: 740' Feet From The North Line and 330' Feet From The West		
Line of Section	35	Township 26-S	Range 29-E	NMPM, Eddy County

## 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)	
Southern Union Refining	1001 N. Turner Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Conoco	P.O. Box 1206 Maljamar, NM 88246	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
	D	35 26S 29E
Is gas actually connected?	When	
No	90 days	

If this 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								
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6-4-83	8-7-83		6750'		6708'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
2890.4 GR	Delaware		4935'		6006'			
Perforations					Depth Casing Shoe			
See Attached Sheet #31 for Detail 4935'-5892'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		455'		450 Sx			
12 1/4"	8 5/8"		2901' KB		450 Sx			
7 7/8"	5 1/2"		6756'		675sx, 1125 sx			
	2 7/8" tubing		6006'					

## 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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-7-83	8-7-83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	-0-	-0-	--
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF
	101	56	200

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
N/A			
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## CERTIFICATE OF COMPLIANCE

I 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.

Jan Clark  
(Signature)  
NRE, Agents for New Tex Oil Company  
(Title)  
September 7, 1983  
(Date)

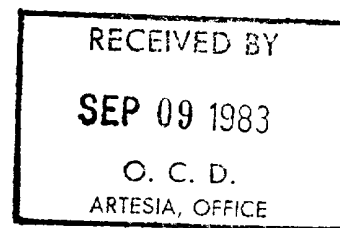
## OIL CONSERVATION COMMISSION

SEP 15 1983

APPROVED \_\_\_\_\_, 19\_\_\_\_  
Original Signed By  
BY Leslie 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 Form C-104 must be filed for each pool in multiply completed wells.

Stateline Federal #1  
August 22, 1983



24. Producing Intervals

5883' - 5892' & 5863' - 5867' Delaware  
5758' - 5770' Delaware  
5308' - 5330' Delaware  
5129' - 5135' & 5103' - 5107' Delaware  
4984' - 5005' & 4935' - 4942' Delaware

31. Perforation Record

6565' - 6442' 22 shots  
5883' - 5892' & 5863' 5867' 15 shots  
5758' - 5770' 13 shots  
5308' - 5330' 23 shots  
5129' - 5135' & 5103' - 5107' 12 shots  
4984' 5005' & 4935' 4942' 30 shots

32. Acid shot Fracture cement squeeze etc.

1. 6565' 6442' 150 sx Class H - squeeze
2. 5883' 5892' & 5863' 5867' 1500 gal 15% NE Acid  
Frac w/12000 gal 75 Quality Foam w/9000# 20/40 sand  
& 8000# 12/20 sand.
3. 5758' - 5770' 1250 gal 15% NE Acid  
Frac w/1200 gal 75 Quality Foam w/9000# 20/40 sand &  
8000# 10/20 sand.
4. 5308' - 5330' 2000 gal 15% NE Acid  
Frac w/15000 gal of 75 Quality Foam w/9000# 20/40 sand  
& 14000# 12/20 mesh sand.
5. 5103'-5135' 1500 gal. 15% NE Acid  
Frac w/12000 gal 75 Quality Foam w/11000# 20/40 sand  
& 8000# 10/20 sand.
6. 4935' - 5005' 3000 gal 15% NE Acid  
Frac w/20000 gal 75 Quality Foam  
13000# 20/40 and 12000 10/20 mesh sand.