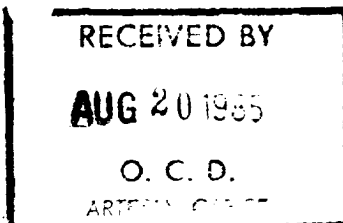


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	<input type="checkbox"/>



OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

C. E. LaRue and B. N. Muncy, Jr.

Address

P. O. Box 196 Artesia, N. M. 88210

Reason(s) for filing (Check proper box)

- ☒ New Well  
☐ Recompletion  
☐ Change in Ownership

Change in Transporter of:

- ☐ Oil ☐ Dry Gas  
☐ Casinghead Gas ☐ Condensate

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 9-27-85  
UNLESS AN EXCEPTION FROM  
THE B. L. M. IS OBTAINED

If change of ownership give name  
and address of previous owner

Blanco Engineering 116 N First Street Artesia, N. M. 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
Bedena Fed	1	Brushy Draw Delaware		NM-16814

Location

Unit Letter L : 660 Feet From The West Line and 2055 Feet From The South

Line of Section 18 Township 26S Range 30E, NMPM, Eddy County

Post #D-3  
8-23-85  
Chg DP

III. 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)
Navajo Refining	P. O. Box 159 Artesia, N. M. 88210
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)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>L</u>	<u>18</u>	<u>26S</u>	<u>30E</u>	<u>No</u>	

Post #D-2  
8-30-85  
Camp & WK

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

*C. E. LaRue*

(Signature)

Owner

(Title)

August 6, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 26 1985, 19

BY Original Signed By

Les 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 deepens 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 Forms C-104 must be filed for each pool in multiple completed wells.

# V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X					6120		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
5-1-85	8-2-85			6300			6120'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
3044' GL	Brushy Draw Delaware			<del>3410</del>			<del>4970'</del> 5175		
Perforations							Depth Casing Shoe		
6180-6190, 6213-6225, 5416-5446							6295		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8	54#	350	370 Class 'C'
12 1/4"	8 5/8	24&32#	3133'	300 sx. Class 'C' & 900L
7 7/8"	5 1/2"	17# N	6295'	600Sx Class 'C' L1
	2 7/8"		34970	

## VI. TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
8-2-85		8-6-85	Artificial Lift	
Length of Test	Tubing Pressure		Casing Pressure	Choke Size
24 Hr	-0-		-0-	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas - MCF
160	10		150	TSTM

## GAS WELL

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