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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

RECEIVED

JUN 27 1992

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

CISF  
24  
Op

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Charles B. Gillespie, Jr. ✓ Well API No. 30-015-26955  
Address: P. O. Box 8 Midland, TX 79702  
Reason(s) for Filing (Check proper box):  
New Well  Other (Please explain)   
Recompletion  Change in Transporter of:  
Oil  Dry Gas   
Change in Operator  Casinghead Gas  Condensate   
If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Poker Lake Unit Well No. 77 Pool Name, Including Formation: Poker Lake Delaware, South Kind of Lease: State, Federal or Fee Lease No. NM 030454  
Location: Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line  
Section 33 Township 24S Range 31E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
Pride Pipeline Company Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436 Abilene, TX 79604  
Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
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 P Sec. 28 Twp. 24S Rge. 31E Is gas actually connected? No When ?

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: 2/28/92	Date Compl. Ready to Prod.: 4/16/92	Total Depth: 6157'	P.B.T.D.: 6111'					
Elevations (DF, RKB, RT, GR, etc.): 3462.7' GR 3474' KB	Name of Producing Formation: Delaware	Top Oil/Gas Pay: 5980'	Tubing Depth: 5900'					
Perforations: 5980 - 6000'			Depth Casing Shoe: 6157'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT				
17 1/2"	13 3/8"		609'	600	Post ID-2			
11"	8 5/8"		4350'	1900	6-19-92			
7 7/8"	5 1/2"		6157'	545	comp & BK			
5 1/2" csg.	2 7/8"		5900'	---				

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: 4/16/92 Date of Test: 4/24/92 Producing Method (Flow, pump, gas lift, etc.): Pumping  
Length of Test: 24 hrs. Tubing Pressure: 20# Casing Pressure: 20# Choke Size: ---  
Actual Prod. During Test: 219 Oil - Bbls.: 44 Water - Bbls.: 175 Gas - MCF: 14

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: \_\_\_\_\_

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: William R. Crow  
Printed Name: William R. Crow Exploration Manager  
Date: 4/28/92 Title: (915)683-1765 Telephone No.

OIL CONSERVATION DIVISION

Date Approved: JUN 18 1992  
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.