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OPERATOR	<input checked="" type="checkbox"/>
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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUG 17 1984

O. C. D.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-85

I. Operator J. Ray Stewart

Address 1610 North J, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain) CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9-23-84
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Poker Lake Unit</u>	Well No. <u>65</u>	Pool Name, including Formation <u>Corral Canyon - Delaware</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC-07031</u>
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>19</u> Township <u>25S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Tesoro Crude Oil</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2297, Midland, Texas 79702</u>			
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 <u>A</u>	Sec. <u>19</u>	Twp. <u>25S</u>	Range <u>30E</u>
	Is gas actually connected?		When	
	<u>No</u>			

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>5/31/84</u>	Date Compl. Ready to Prod. <u>7/11/84</u>		Total Depth <u>3711'</u>		P.B.T.D. <u>3678'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3192.8' GR</u>	Name of Producing Formation <u>Delaware</u>		Top Oil/Gas Pay <u>3626' 36 1/2</u>		Tubing Depth <u>3625'</u>			
Perforations <u>3646' - 3658' (12 holes - 1 shot/ft.)</u>					Depth Casing Shoe <u>3710'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>788'</u>		<u>500</u>			
<u>7 7/8"</u>	<u>4 1/2"</u>		<u>3710'</u>		<u>175</u>			
<u>4 1/2"</u>	<u>2 3/8"</u>		<u>3625'</u>					

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 Tanks <u>7/11/84</u>	Date of Test <u>7/12/84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure <u>24</u>	Choke Size <u>-</u>
Actual Prod. During Test	Oil-Bbls. <u>38.3</u>	Water-Bbls. <u>44.1</u>	Gas-MCF <u>TSTM</u>

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. 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.

Neal A. Taylor
(Signature)

Agent

(Title)

8/03/84

(Date)

OIL CONSERVATION COMMISSION

AUG 22 1984

APPROVED _____, 19 _____

Original Signed By

BY Leslie A. Clements

Supervisor District II

TITLE _____

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