

Luther McNeely  
307012

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

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

Form C-104  
Revised 10-01-78  
Formal 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Luther McNeely

Address  
Corporate Center Suite 714 P.O. Box 64419 Lubbock, Texas 79464

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sage Creek	Well No. #1	Pool Name, including Formation Alamito Gallup	Kind of Lease State, Federal or Fee BLM	Lease No.
Location Unit Letter <u>I</u> : <u>1850'</u> Feet From The <u>South</u> Line and <u>790'</u> Feet From The <u>East</u> Line of Section <u>3</u> Township <u>22 N</u> Range <u>8 W</u> , NMPM, <u>San Juan</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>THE MARYCOIL CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 1320 FARMINGTON, NM 87401</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>3</u>	Sec. <u>22 N</u>
	Twp. <u>8 W</u>	Rge. <u>8 W</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:

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.

Luther McNeely  
(Signature)  
Operator  
(Title)  
12-7-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 13 1986  
Original of CHAVEZ  
BY SUPERVISOR DISTRICT #3  
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 multiply completed wells.

#### 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					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
10-8-86	11-24-86		5300'			5230'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
1794' GR	ALAMETO GALLUP		4458			4690'			
Perforations						Depth Casing Shoe			
4458 4820						5300			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13 3/8	40'	80 SX
12 1/4"	8 5/8	306'	210 SX
7 3/8"	4 1/2	5300'	803 SX
4 1/2"	2 3/8		4690'

#### V. 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.)	
11-24-86	11-28-86	Pump (SW 9331 VC)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS	160 PSI	60 PSI	3/8"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
60	70 42	20	—

#### 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