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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator  
George E. Willett

Address  
P.O. Box 548 - Lemoore, California, 93245

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lucerne-Federal	Well No. #1	Pool Name, Including Formation Pimon-Fruitland	Kind of Lease Federal State, Federal or Fee	Lease No. 010063
Location Unit Letter <u>D</u> ; <u>1190</u> Feet From The <u>North</u> Line and <u>1040</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>28North</u> Range <u>11 West</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? <u>No</u> 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.
		XX	XX					
Date Spudded May 22, 1967	Date Compl. Ready to Prod. June 2, 1967	Total Depth 1358 Ft.	P.B.T.D. 1333 Ft.					
Elevations (DF, RKB, RT, GR, etc.) 5580 Gr; 5584' DF	Name of Producing Formation Fruitland	Top Oil/Gas Pay 1300' - Schlumberger	Tubing Depth 1232 ft.					
Perforations 1290 - 1310 ft. -- Gamma Ray; 1300 -- 1310 ft. -- ES log	Depth Casing Shoe 1345 ft.							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	7 5/8" 24#	96'	95 sbs reg, 2% CaO12					
6 3/4"	4 1/2" 10.5#	1345'	200 sbs reg, 2% CaO12					
	1 1/4" EUE	1232'						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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DIST. 8

GAS WELL

Actual Prod. Test-MCF/D 2588 MCF	Length of Test 3-hour	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) 1 point Back Pressure	Tubing Pressure (shut-in) 577#	Casing Pressure (shut-in) 578#	Choke Size 3/4" THO

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.

Lee W. Kilgore  
(Signature) Lee W. Kilgore  
Agent

(Title)

October 2, 1967

(Date)

OIL CONSERVATION COMMISSION  
OCT 2 1967

APPROVED \_\_\_\_\_, 19

BY Original Signed by Emory C. Arnold

TITLE SUPERVISOR DIST. #8

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.