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

5 - NMOCD 2 - Pioneer 1 - Inland 1 - EPNG (Clark) 1 - File
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

1. Operator Pioneer Production Corp.		
Address P O B ox 208, Farmington, NM 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Lucerne B	Well No. #1E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed	Lease No. NM 010063
Location Unit Letter M ; 380' Feet From The South Line and 850' Feet From The West				
Line of Section 17 Township 28N Range 11W , 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Inland Corp.	P O Box 1528, Farmington, NM 87401
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	P O Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
M 17 28N 11W	No

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 10-19-80	Date Compl. Ready to Prod. 12-22-80		Total Depth 6334'		P.B.T.D. 6239'			
Elevations (DF, RKB, RT, GR, etc.) 5624' GL	Name of Producing Formation Dakota		Top Oil/Gas Pay 6031'		Tubing Depth 5927' RKB			
Perforations 6031, 35, 53, 55; 6106, 09, 15, 18, 23, 26, 29, 38, 40, 59, 61; 6200					Depth Casing Shoe 348' RKB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		579' RKB		320 sx class B + 2% CaCl			
7-7/8"	4-1/2"		6348' RKB		351 cu ft. 1st stage			
	1-1/4"		5927' RKB		1804 cu ft. 2nd stage			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be maintained at least 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

GAS WELL

Actual Prod. Test-MCF/D 549 MCF	Length of Test 8 hrs	Bbls. Condensate/MMCF 5	Gravity of Condensate
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (shut-in) 840 SI	Casing Pressure (shut-in) 840 SI	Choke Size 3/4"

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.

Thomas A. Dugan
(Signature)
Agent
(Title)
3-12-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 16 1981, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT #3

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.