

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 1-1-55

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator
Cleary Petroleum Corporation

Address
P. O. Drawer 2358, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CORRECTED COPY OF THE ORIGINAL C-104
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

Lease Name New Mexico "E" Fed. Comm.	Well No. 1	Pool Name, Including Formation S. Salt Lake Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM-14791
Location Unit: Letter P ; 660 Feet From The East Line and 3300 Feet From The South				
Line of Section 5 Township 21-S Range 32-E , NMPM, Lea 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)			
Permian Corporation	P. O. Box 1183, Houston, Tx. 77001			
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)			
Gas Company of New Mexico (split stream) Llano, Inc.	First International Bldg., Dallas, Tx. 75270 Box 1320, Hobbs, N. M. 88240			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 5	Twp. 21-S	Range 32-E
			Is gas actually connected? Yes	When 9-2-77

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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 5-21-77	Date Compl. Ready to Prod. 7-27-77		Total Depth 14,348'		P.B.T.D. 14,251'			
Elevations (DF, RKB, RT, GR, etc.) 3673' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,908'		Tubing Depth 13,760'			
Perforations 13,908-14' (7 holes) and 13,940-60' (21 holes)					Depth Casing Shoe 14,347'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	485'	650 sx*
12 1/4"	9 5/8"	5224' (DV tool @ 3100)	1st st-700; 2nd-1625sx*
7 7/8"	5 1/2"	14347'	875 sx
	2 7/8"	13760'	---

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 excess 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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
3400	24 hrs.	45	51.9
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Orifice Meter	2200	0	18/64"

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.

Buddy J. Knight
 (Signature)
District Production Manager
 (Title)
9-15-77
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 19 1977**, 19____

BY **Orig. Signed by**
Dary Sexton
Dist 1, Supv.

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.