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

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

FEB 20 1980

Operator Charles W. Harle ✓		O. C. D.	
Address P.O. Box 354 Roswell, N.M. 88201		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Re-entry	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Formerly Wayne J. Spears	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Zimmerman #2	
	Dry 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 Zimmerman	Well No. #2	Pool Name, including Formation South Bitter Lake San Andres	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>F</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>10S</u> Range <u>25E</u> , NMPM, <u>Chavez</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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175 <u>Artesia N.M.</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> not associated	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 F	Sec. 35
	Twp. 10S	Rge. 25E
	Is gas actually connected?	When
	no	-----

If this production is commingled with that from any other lease or pool, give commingling order number: none

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 2-5-80	Date Compl. Ready to Prod. 2-18-80	Total Depth 1293		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 3712 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 1197		Tubing Depth 1235'				
Perforations 1197-1205--24 Perfs		1228-31 9 Perfs		Depth Casing Shoe 1293'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 7 7/8"	CASING & TUBING SIZE 5 1/2" - 4 1/2 5/4"		DEPTH SET 1293		SACKS CEMENT 500			
	2 3/8"		1235					

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 2-17-80	Date of Test 2-18-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -0-	Casing Pressure 225#	Choke Size none
Actual Prod. During Test 44 Barrel	Oil-Bbls. 9 barrel	Water-Bbls. 35 barrel	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D N.A.	Length of Test -----	Bbls. Condensate/MMCF -----	Gravity of Condensate 22.2 NCO
Testing Method (pitot, 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.

Charles W. Harle
(Signature)
Operator
(Title)
2-17-80
(Date)

OIL CONSERVATION COMMISSION
FEB 21 1980
APPROVED
BY W. A. Gussert
TITLE SUPERVISOR, DISTRICT II

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

