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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator H.W. PACE
Address P.O. BOX 588 ARTESIA, N.M. 88210
Reason(s) for filing (Check proper box) Other (Please explain)
☐ New Well ☐ Change In Transporter of:
☒ Recompletion ☐ Oil ☐ Dry Gas
☐ Change In Ownership ☐ Casinghead Gas ☐ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>DEKALB FED.</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>WILDCAT - ABB</u>	Kind of Lease State, Federal or Fee <u>FED.</u>	Lease No. <u>18274</u>
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>W</u> Line of Section <u>21</u> Township <u>8S</u> Range <u>26E</u> , NMPL, <u>CHAVES</u> 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)	
<u>TRANS WESTERN</u>	<u>2801 N. Main</u>	<u>ROSWELL N.MEX 88201</u>
If well produces oil or liquids, give location of tanks.	Unit	Suc.
	Twp.	Rge.
	Is gas actually connected? <u>yes</u> When <u>2-16-82</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.

Harold A. Pace
(Signature)
Operator
(Title)
9-13-84
(Date)

OIL CONSERVATION DIVISION
APPROVED SEP 13 1984
BY ORIGINAL SIGNED
BY LARRY BROOKS
TITLE GEOLOGIST - NMCD

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.
			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Date Spudded 4-19-81	Date Compl. Ready to Prod. 2-16-8		Total Depth 5920			P.B.T.D. 4560			
Elevations (DF, RKD, RT, GR, etc.) KB 3808	Name of Producing Form A		Perf. Oil/Gas Pay 4368			Tubing Depth 4546			
Perforations 4368 - 4503						Depth Casing Shoe 6514			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 3/4	8 5/8	1010	450
7 7/8	4 1/2	6514	1600
	2 3/8		

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

Actual Prod. Test - MCF/D 62	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate —
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 80 #	Casing Pressure (Shut-in) 340 #	Choke Size 16/64 + 1/2