-	NO. OF COPIES RECEIVED	NEW MEXICO OIL CO	NSERVATION COM. SION	Porm C - 104	
1	SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-1	
	FILE V	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN THE PERSON	AND	Effective 1-1-65	
ŀ	U.S.G.S.	THE RECEIVED DI	ISPORT OIL AND NATURAL (GAS	
ŀ	LAND OFFICE			<i>5.</i>	
ŀ	OIL V	JUL 17 1984			
	TRANSPORTER GAS				
		O. C. D.	•		
1		ARTESIA, OFFICE			
I.	PRORATION OFFICE				
	Premier Production Company				
	Address				
	P.O. Box 1246, 324 West Main, Artesia, NM 88210				
			Other (Please explain)		
	Reason(s) for filing (Check proper box)		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	IMP OF THE	
	New Well Change in Transporter of:			HAD GAS MUST NOT BE	
1	Recompletion Oil Dry Gas		FLARED A	AFTER 8/20/84	
•	Change in Ownership Casinghead Gas Condenso		UNITES A	UNLESS AN EXCEPTION FROM	
	foliance of automobile give name		THE B. L. M. IS OBTAINED		
	If change of ownership give name and address of previous owner		11 L D. L. P	N. 13 OBIAINED	
					
11.	DESCRIPTION OF WELL AND I	JEASE			
	Lease Name	Well No. Pool Name, including For			
	Cassidy Federal	l Wildcat - San	Made State, Feder	olorFoo Federal NM21161	
	Location				
	P . 660	Feet From The South Line	and 660 Feet From	The east	
	Onit Letter				
	Line of Section 27 Tow	mship 14 Range	27 , NMPM, Chave	S Court	
	Line of section 100				
¥ n =	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	5		
III.	Name of Authorized Transporter of Off	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)	
	Navajo Crude Oil Purcha		PD Pay 53	Holan Tith 282 1	
	Name of Authorized Transporter of Cas		Address (Give address to which appr	oved copy of this form is to be sent;	
	Name of Authorized Transporter of Cas	,	·		
		Unit Sec. Twp. P.ge.	Is gas actually connected? W	hen	
	If well produces oil or liquids,	P 27 14 27		not available	
	give location of tacks.	<u> </u>	<u> </u>	not available	
	If this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA				
	Designate Type of Completion		New West Western Decipen	114	
	Designate Type of Completion			I D D T D	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	5-20-84	5-28-84	2540' clean out	2226'	
	Elevations (DF, KKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3451 GL	San Andres	1607' San Andres	1900'	
	Perforations		78 \	Depth Casing Shoe	
	1818,20,22,31,36,38,48,	71,84,95½,1901,21,25,30'		2226'	
		TUBING, CASING, AND	CEMENTING RECORD		
	. HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	15"	13-3/8"	55'	circulated existing	
	12121	9-5/8" 32#	1452'	circulated existing	
	8-3/4"	7'' 23#	2226'	Circulated existing	
		2-3/8"	1900'		
	7'',			il and must be equal to or exceed to a c	
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 c.) able for this depth or be for full 24 hours)				
	OIL WELL	Date of Test	Producing Method (Flow, pump, gas	life, etc.) 2 +1)-2	
	Date First New Oil Run To Tanks			FAST 74	
	5/28/84	5/28/84 Tubing Pressure	Dump Casing Pressure	Choke Size M. 20 BK	
	Length of Test	ranid Presente		The A Property of the Property	
	24 hrs		Water - Bbis.	Gas-MCF	
	Actual Prod. During Test	Oil-Bbis.		! \	
		7	10		
	GAS WELL,		Tall 0	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
			<u> </u>		
v	L CERTIFICATE OF COMPLIAN	CE	OIL CONSER	VATION COMMISSION	
* 1	ODAVER JOINED OF COURT MENTION		111 2	0 1984	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED	. 19	
			Original Signed By		
	above is true and domplete to th	e best of my i nowledge and belief.	Lesile A. Clements TITLE Supervisor District II		
	/ //)	·			
			1		
			This form is to be filed in compliance with RULE 1104.		
	Cux on		If this is a request for allowable for a newly dillied of dressell, this form must be accompanied by a tabulation of the desirents taken on the well in accordance with NULE 111.		
	(Signature)				
				All nections of this form must be filled out completely for -	
	owner/operator		able on new and recompleted wells.		
	·		Il and VI for changes of		
	7/16/84 (finis)		well name or number, or trans	porter, or other such change of condi-	
	(Date)		T)		