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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

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AUG 26 1971

D. B. C.  
ARTESIA, OFFICE

Operator <b>FOREST OIL CORPORATION</b>	
Address <b>P. O. Box 153 - Odessa, Texas 79760</b>	
Reason(s) for filing (Check proper box) 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"/>	
Other (Please explain) <b>D. B. C. ARTESIA, OFFICE</b>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Haystack "A" Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Haystack Cisco Gas</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>MM390104</b>
Location Unit Letter <b>U</b> <b>710</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b> Line of Section <b>28</b> Township <b>6-South</b> Range <b>27-East</b> , NMPM, <b>Chaves</b> 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"/> <b>Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 3119, Midland, Texas 79701</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Transwestern Pipe Line Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 2521, Houston, Texas 77001</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>28</b>
	Twp. <b>6</b>	Rge. <b>27</b>
	Is gas actually connected? <b>yes</b>	
	When <b>10-1-71</b>	

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 <input type="checkbox"/>	Gas Well <input checked="" 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 <b>June 21, 1971</b>	Date Compl. Ready to Prod. <b>July 20, 1971</b>		Total Depth <b>6294'</b>		P.B.T.D. <b>5964'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4071 GR</b>	Name of Producing Formation <b>Cisco</b>		Top Oil/Gas Pay <b>5793'</b>		Tubing Depth <b>5686'</b>			
Perforations <b>1 hole per foot (16) @ 5796-98, 5802-05, 5819-24, 5830-32</b>					Depth Casing Shoe <b>6041'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>11"</b>	CASING & TUBING SIZE <b>8-5/8"</b>		DEPTH SET <b>1295'</b>		SACKS CEMENT <b>500</b>			
<b>7-7/8"</b>	<b>4-1/2"</b>		<b>6041'</b>		<b>250</b>			
	<b>2-3/8"</b>		<b>5686'</b>		<b>-</b>			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
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 <b>3101</b>	Length of Test <b>1 hour</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Back Pressure</b>	Tubing Pressure (Shut-in) <b>1700</b>	Casing Pressure (Shut-in) <b>M11</b>	Choke Size <b>20/64"</b>

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.

**J. R. Wright** (J. R. WRIGHT)  
(Signature)  
**Division Production Manager**  
(Title)  
**August 25, 1971**  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **OCT 2 1971**, 19  
BY **W. A. Gressett**  
**OIL AND GAS INSPECTOR**  
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.

## NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

P. O. DRAWER "DD"

OCT 8 1971

ARTESIA, NEW MEXICO 88210

O. C. C.  
ARTESIA, OFFICEAIR MAIL

NOTICE OF GAS CONNECTION

DATE October 6, 1971 .

This is to notify the Oil Conservation Commission that connection  
for the purchase of gas from the Forest Oil Corp. . Haystack-Federal "A" .  
Operator Lease

Well #1-Unit <sup>C</sup> ~~letter unknown~~ 28-6S-27E . Haystack (Cisco) . Transwestern .  
Well Unit S.T.R. Pool Name of purchaser  
Chaves County

was made on October 1, 1971 .Transwestern Pipeline Company

H.N. Aicklen  
Representative

Supervisor Gas Purchase Contract Administration  
Title

cc: Operator  
Oil Conservation Commission - Santa Fe