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LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input type="checkbox"/>
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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APR 15 1980

Operator H. W. Pace Address P. O. Box 7435 Midland, Texas 79703 O. C. D. ARTESIA, OFFICE

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
 OIL WELL IS NOT BE RECOMPLETED 6-1-80
 UNDER AN EXCEPTION TO Rule 306
 IS OBTAINED
 2-10-80

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE R-6499 10-22-80

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Pat State</u>	<u>1</u>	<u>UND ON Rabbit Flats Queen</u>	<u>State</u>	<u>LG-0160</u>

Location
 Unit Letter P 330' Feet From The South Line and 660' Feet From The East
 Line of Section 30 Township 10 Range 27, NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Navajo Crude Oil Purchasing Co. Address (Give address to which approved copy of this form is to be sent)
North Freeman Avenue Artesia, New Mex 88210

Name of Authorized Transporter of Casinghead Gas or Dry Gas
 Address (Give address to which approved copy of this form is to be sent)
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If well produces oil or liquids, give location of tanks. Unit P Sec. 30 Twp. 10 Rge. 27 Is gas actually connected?

If this production is commingled with that from any other lease or pool, give commingling order number: MAR 20 1980

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 Prod. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>9-10-79</u>	Date Compl. Ready to Prod. <u>12-20-79</u>	Total Depth <u>1016'</u>	P.B. TO <u>DIST. 2</u> <u>1012</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>GR 3726'</u>	Name of Producing Formation <u>Queens</u>	Top Oil/Gas Pay <u>842</u>	Tubing Depth					
Perforations <u>842 - (2), 869(2), 881(2), 892(2), 895(2), 910(2), 916(2)</u>	Depth Casing Shoe <u>1016'</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>10 3/4"</u>	<u>7 5/8" J-55 26#</u>	<u>386'</u>	<u>140 sx class C (cir)</u>
<u>7" 8 1/4"</u>	<u>5 1/2" J-55 17.5#</u>	<u>1014'</u>	<u>110 cu ft. poz mix (cir)</u>
	<u>2"</u>	<u>975'</u>	

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 <u>2-4-80</u>	Date of Test <u>2-13-80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>75#</u>	Casing Pressure <u>75#</u>	Choke Size <u>Poston 2 1/2" 4-18-80</u>
Actual Prod. During Test <u>5.80 bbls</u>	Oil-Bbls. <u>4 bbls</u>	Water-Bbls. <u>1.80</u>	Gas-MCF <u>TSTM</u>

GAS WELL

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

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.

H. W. Pace
 (Signature)
 Owner-Operator
 (Title)
 April 10, 1980
 (Date)

OIL CONSERVATION COMMISSION
 APR 18 1980

APPROVED _____, 19____
 BY W. A. Gressitt
 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 completion 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 multiple.