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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

JAN 25 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator Great Western Drilling Company	Well API No. 30-005-61686
Address P.O. Box 1659, Midland, Texas 79702	
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 Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal COM.	Well No. 7	Pool Name, including Formation Pecos Slope Abo	Kind of Lease *State, Federal or XXX	Lease No. NM-15862
Location Unit Letter 0 : 660 Feet From The South Line and 1,980 Feet From The East Line Section 10 Township 6-S Range 25-E NMPM Chaves 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)					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 10	Twp. 6-S	Rge. 25-E	Is gas actually connected? No	When? Est. 3-1-90
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8-25-89	Date Compl. Ready to Prod. 1-7-90		Total Depth 4,120'		P.B.T.D. 4,057'			
Elevations (DF, RKB, RT, GR, etc.) 3,923' GR (3933' KB)	Name of Producing Formation Abo		Top Oil/Gas Pay 3,714'		Tubing Depth 3,994'			
Perforations Perfs: 3,714'-4,005', total 98', 98 holes					Depth Casing Shoe 4,120'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4", 40.5#	930' KBM	525 Sxs.-Omt. Circ.
9-7/8"	7-5/8", 26.4-29.7-33.7#	1810' KBM	450 Sxs., T-Omt. 1350', T-Surv.
6-1/2"	4-1/2", 10.5-11.6#	4120' KBM	325 Sxs., T-Omt. 3,450', T-Surv.
	2-3/8" Tbg.	3994' KBM	

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 Tank	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

GAS WELL

Actual Prod. Test - MCF/D A.O.F. 4,415 mcf/day	Length of Test 4-1/2 hrs.	Bbls. Condensate/MMCF 9	Gravity of Condensate ---
Testing Method (pucc, back pr.) Back Pressure	Tubing Pressure (Shut-in) 670 psig	Casing Pressure (Shut-in) 850 psig	Choke Size 3/16"-1/4"-3/8"-3/8"

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature
M.B. Myers
Printed Name
1-23-90
Date
Ass't. to Gen. Supt.
(915) 682-5241
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
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Revised 1-1-89
See Instructions
at Bottom of Page

JAN 29 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

Operator Great Western Drilling Company		Well API No. 30-005-61686
Address P.O. Box 1659, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal COM.	Well No. 7	Pool Name, including Formation Pecos Slope Abo	Kind of Lease XXX, Federal of XXX	Lease No. NM-15862
Location Unit Letter 0 : 660 Feet From The South Line and 1,980 Feet From The East Line Section 10 Township 6-S Range 25-E, NMPM, Chaves 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)					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 10	Twp. 6-S	Rge. 25-E	Is gas actually connected? No	When? Est. 3-1-90

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8-25-89	Date Compl. Ready to Prod. 1-7-90	Total Depth 4,120'	P.B.T.D. 4,057'					
Elevations (DF, RKB, RT, GR, etc.) 3,923'GR(3933'KB)	Name of Producing Formation Abo	Top Oil/Gas Pay 3,714'	Tubing Depth 3,994'					
Performances Perfs: 3,714'-4,005', total 98', 98 holes			Depth Casing Shoe 4,120'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14-3/4"	10-3/4", 40.5#	930' KBM	525 Sxs.-Qnt. Circ.					
9-7/8"	7-5/8", 26.4-29.7-33.7#	1810' KBM	450 Sxs., T-Qnt. 1350', T-Surv.					
6-1/2"	4-1/2", 10.5-11.6#	4120' KBM	325 Sxs., T-Qnt. 3,450', T-Surv.					
	2-3/8" TO 2-1/8" 10.5-11.6#	3994' KBM						

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Choke Size
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D A.O.F. 4,415 mcf/day	Length of Test 4-1/2 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 670 psig	Casing Pressure (Shut-in) 850 psig	Choke Size 3/16"-1/4"-3/8"-3/8"

VI. OPERATOR 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 above
is true and complete to the best of my knowledge and belief.

Signature
M.B. Myers
Ass't. to Gen. Supt.
Printed Name
1-23-90
Date
(915) 682-5241
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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Page 1 of 1

JAN 29 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Great Western Drilling Company Well API No. 30-005-61686 ARTESIA, OFFICE

Address P.O. Box 1659, Midland, Texas 79702

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☒ Change in Transporter of: ☐ Dry Gas ☐

Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐

Change in Operator ☐

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal COM. Well No. 7 Pool Name, including Formation Pecos Slope Abo Kind of Lease State, Federal or Private Lease No. NM-15862

Location Unit Letter 0 : 660 Feet From The South Line and 1,980 Feet From The East Line

Section 10 Township 6-S Range 25-E , NMPM , Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ 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 0 Sec. 10 Twp. 6-S Rge. 25-E Is gas actually connected? No When ? Est. 3-1-90

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded <u>8-25-89</u>	Date Compl. Ready to Prod. <u>1-7-90</u>	Total Depth <u>4,120'</u>	P.B.T.D. <u>4,057'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3,923' GR (3933' KB)</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>3,714'</u>	Tubing Depth <u>3,994'</u>					
Perforations <u>Perfs: 3,714'-4,005', total 98', 98 holes</u>		Depth Casing Shoe <u>4,120'</u>						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>14-3/4"</u>	<u>10-3/4", 40.5#</u>	<u>930' KBM</u>	<u>525 Sxs.-Omt. Circ.</u>					
<u>9-7/8"</u>	<u>7-5/8", 26.4-29.7-33.7#</u>	<u>1810' KBM</u>	<u>450 Sxs., T-Omt. 1350', T-Surv.</u>					
<u>6-1/2"</u>	<u>4-1/2", 10.5-11.6#</u>	<u>4120' KBM</u>	<u>325 Sxs., T-Omt. 3,450', T-Surv.</u>					
	<u>2-3/8" Tool Joints</u>	<u>3994' KBM</u>						

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.)

Producing Method (Flow, pump, gas lift, etc.) _____

Date First New Oil Run To Tank _____ Date of Test JAN 25 1990

Length of Test _____ Tubing Pressure 670 psig Casing Pressure _____ Choke Size _____

Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____

GAS WELL

Actual Prod. Test - MCF/D A.O.F. 4,415 mcf/day Length of Test 4-1/2 hrs. Bbls. Condensate/MMCF 0 Gravity of Condensate ---

Testing Method (pilot, back pr.) Back Pressure Tubing Pressure (Shut-in) 670 psig Casing Pressure (Shut-in) 850 psig Choke Size 3/16"-1/4"-3/8"-3/8"

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

M.B. Myers
Signature M.B. Myers Ass't. to Gen. Supt.
Printed Name 1-23-90 (915) 682-5241
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
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C. D.
ARTESIA, OFFICE

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Great Western Drilling Company		Well API No. 30-005-61686
Address P.O. Box 1659, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal COM.	Well No. 7	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State , Federal or Fee	Lease No. NM-15862
Location Unit Letter 0 : 660 Feet From The South Line and 1,980 Feet From The East Line Section 10 Township 6-S Range 25-E, NMPM, Chaves 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)					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 10	Twp. 6-S	Rge. 25-E	Is gas actually connected? No	When? Est. 3-1-90
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8-25-89	Date Compl. Ready to Prod. 1-7-90		Total Depth 4,120'		P.B.T.D. 4,057'			
Elevations (DF, RKB, RT, GR, etc.) 3,923' GR (3933' KB)	Name of Producing Formation Abo		Top Oil/Gas Pay 3,714'		Tubing Depth 3,994'			
Perforations Perfs: 3,714'-4,005', total 98', 98 holes					Depth Casing Shoe 4,120'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	10-3/4", 40.5#		930' KBM		525 Sxs.-Cmt. Circ.			
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6-1/2"	4-1/2", 10.5-11.6#		4120' KBM		325 Sxs., T-Cmt. 3,450', T-Surv.			
	2-3/8" Tbg.		3994' KBM					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of fluid flowing must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	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

GAS WELL

Actual Prod. Test - MCF/D A.O.F. 4,415 mcf/day	Length of Test 4-1/2 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 670 psig	Casing Pressure (Shut-in) 850 psig	Choke Size 3/16"-1/4"-3/8"-3/8"

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Signature
M.B. Myers
Ass't. to Gen. Supt.
Printed Name
1-23-90
Date
(915) 682-5241
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By
Title

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA OFFICE

Operator Great Western Drilling Company ✓	Well API No. 30-005-61686
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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)					
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	2-3/8" Tbg.	3994' KBM						

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OIL WELL (Test must be after recovery of total volume of test 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 Tank	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

GAS WELL

Actual Prod. Test - MCF/D A.O.F. 4,415 mcf/day	Length of Test A-1/2 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 670 psig	Casing Pressure (Shut-in) 850 psig	Choke Size 3/16"-1/4"-3/8"-3/8"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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Signature
M.B. Myers
Ass't. to Gen. Supt.
Printed Name
1-23-90
Date
Telephone No.
(915) 682-5241

OIL CONSERVATION DIVISION

Date Approved
By
Title

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JAN 29 '90

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Great Western Drilling Company ✓	Well API No. 30-005-61686
Address P.O. Box 1659, Midland, Texas 79702	
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 Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal COM.	Well No. 7	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease State , Federal or Fee	Lease No. NM-15862
Location Unit Letter 0 : 660 Feet From The South Line and 1,980 Feet From The East Line Section 10 Township 6-S Range 25-E, NMPM, Chaves 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)					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 10	Twp. 6-S	Rge. 25-E	Is gas actually connected? No	When? Est. 3-1-90
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8-25-89	Date Compl. Ready to Prod. 1-7-90		Total Depth 4,120'		P.B.T.D. 4,057'			
Elevations (DF, RKB, RT, GR, etc.) 3,923' GR (3933' KB)	Name of Producing Formation Abo		Top Oil/Gas Pay 3,714'		Tubing Depth 3,994'			
Perforations Perfs: 3,714'-4,005', total 98', 98 holes					Depth Casing Shoe 4,120'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	10-3/4", 40.5#		930' KBM		525 Sxs., -Cmt. Circ.			
9-7/8"	7-5/8", 26.4-29.7-33.7#		1810' KBM		450 Sxs., T-Cmt. 1350', T-Surv.			
6-1/2"	4-1/2", 10.5-11.6#		4120' KBM		325 Sxs., T-Cmt. 3,450', T-Surv.			
	2-3/8" T-CP		12994' KBM					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of 50 bbls 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D A.O.F. 4,415 mcf/day	Length of Test 4-1/2 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 670 psig	Casing Pressure (Shut-in) 850 psig	Choke Size 3/16"-1/4"-3/8"-3/8"

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature M.B. Myers
M.B. Myers Ass't. to Gen. Supt.
Printed Name
1-23-90 (915) 682-5241
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
to appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

JAN 29 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator Great Western Drilling Company	Well API No. 30-005-61686
Address P.O. Box 1659, Midland, Texas 79702	
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 Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal COM.	Well No. 7	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State , Federal or Lease	Lease No. NM-15862
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If well produces oil or liquids, give location of tanks. Unit 0 Sec. 10 Twp. 6-S Rge. 25-E	Is gas actually connected? No When? Est. 3-1-90
If this production is commingled with that from any other lease or pool, give commingling order number:	

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		X	X					
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Perforations Perfs: 3,714'-4,005', total 98', 98 holes			Depth Casing Shoe 4,120'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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6-1/2"	4-1/2", 10.5-11.6#	4120' KBM	325 Sxs., T-Omt. 3,450', T-Surv.
	2-3/8" Tbg.	3994' KBM	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of total 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 Tank	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

GAS WELL

Actual Prod. Test - MCF/D A.O.F. 4,415 mcf/day	Length of Test 4-1/2 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 670 psig	Casing Pressure (Shut-in) 850 psig	Choke Size 3/16"-1/4"-3/8"-3/8"

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I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
M.B. Myers
Ass't. to Gen. Supt.
Printed Name
1-23-90
Date
(915) 682-5241
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By
Title

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