

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

NOV 9 '90

O. C. D.
ARTESIA, OFFICE

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

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator HAVENOR OPERATING COMPANY ✓		Well API No. 30-005-62670
Address 609 E. Tierra Berrenda Roswell, NM 88201-7865		
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 BTA State	Well No. 1	Pool Name, including Formation Buffalo Valley Penn	Kind of Lease State, Federal or Fee	Lease No. V 2829
Location Unit Letter E : 1650 Feet From The North Line and 990 Feet From The West Line Section 31 Township 14S Range 28E, NMPM, Chaves 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 31	Twp. 14S	Rge. 28E	Is gas actually connected? Yes	When? 11/08/90

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	Reentry				
Date Spudded 08/08/90	Date Compl. Ready to Prod. 09/24/90		Total Depth 8560		P.B.T.D. 8296			
Elevations (DF, RKB, RT, GR, etc.) 3531 GL	Name of Producing Formation Morrow/Atoka		Top Oil/Gas Pay 8067		Tubing Depth 8033			
Perforations 8067-8076, 8102-8107, 8157-8160, 8243-8256 2 SPF					Depth Casing Shoe 8323			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	307	410 sxs circulated
12-1/4"	8-5/8"	1640	1300 sxs circulated
7-7/8"	4-1/2"	8323	410 sxs
casing	2-3/8"	8033	packer @ 8000

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 CAOF 299	Length of Test 12 hrs	Bbls. Condensate/MMCF trace	Gravity of Condensate 58
Testing Method (pilot, back pr.) 4 point back pressure	Tubing Pressure (Shut-in) 1850	Casing Pressure (Shut-in) Zero	Choke Size Variable

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 Kay C. Havenor Geologist
Printed Name Kay C. Havenor Title
Date 11/08/90 Telephone No. 625-2327

OIL CONSERVATION DIVISION

Date Approved NOV 15 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.