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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

State of New Mexico
Enr 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 11 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

Operator BILL FENN, INC.	Well API No. 30-005-62701
Address P. O. DRAWER 569, GIDDINGS, TEXAS 78942	
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 TANNER FEDERAL	Well No. 1	Pool Name, Including Formation BUFFALO VALLEY	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-80640
Location Unit Letter 0 : 990' Feet From The S Line and 1685' Feet From The E Line Section 35 Township 14 S Range 27 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 checked="" type="checkbox"/> KOCH OIL CO.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1558, BRECKENRIDGE, TX 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> ENRON OIL TRADING & TRANSPORTATION CO.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1188, HOUSTON, TEXAS 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? YES	When? APPROXIMATELY 9/30/89

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 7/10/89	Date Compl. Ready to Prod. 8/24/89		Total Depth 8,580'		P.B.T.D. 8,580'			
Elevations (DF, RKB, RT, GR, etc.) 3542.2	Name of Producing Formation ATOKA		Top Oil/Gas Pay 8,380		Tubing Depth 8,344'			
Perforations 8,380 - 8,387 8,237 - 8,244					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		352		375 SKS.			
12 1/4	8 5/8		1,600		900 SKS, HALL LITE + 200			
7 7/8	5 1/2		8,580		1000 GALS. FLOCHECK 275 SKS			
4 1/2	2 3/8		8,344		65/35 POZ			

V. TEST DATA AND REQUEST FOR ALLOWABLE

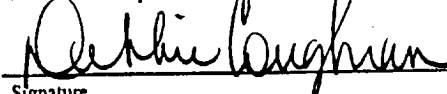
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Post ID-2 1-19-90	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size camp + BR
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1839	Length of Test 33.45 HRS.	Bbls. Condensate/MMCF 5	Gravity of Condensate 57
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 1500	Casing Pressure (Shut-in) PACKER	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
DEBBIE COUGHRAN SECRETARY
Printed Name
9/18/89 Title
(409) 542-9631
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

