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

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P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1600 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

RECEIVED

AUG 06 1991

O. C. D.
ARTESIA, OFFICE

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

Operator Great Western Drilling Company		Well API No. 30-00562802
Address P.O. Box 1659, Midland, TX 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	Well No. 8	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease State , Federal XXXX	Lease No. NM-15862
Location Unit Letter P : 760 Feet From The South Line and 900 Feet From The East Line Section 4 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 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 P	Sec. 4	Twp. 6-S	Rge. 25-E	Is gas actually connected? No	When? Est. 10-1-91
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 3-17-91	Date Compl. Ready to Prod. 7-2 -91		Total Depth 4,100' RTM		P.B.T.D. 4,052' RTM			
Elevations (DF, RKB, RT, GR, etc.) 3,998' RT	Name of Producing Formation Abo		Top Oil/Gas Pay 3,770'		Tubing Depth 4,029'			
Perforations Perfs: 3,770'-4,029', total 57', 57 holes					Depth Casing Shoe 4,100'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4", 40.5#	910' RTM	575 Sxs.
7-7/8"	4-1/2", 11.5#	4,100' RTM	625 Sxs. T-Cmt. 3,100'
	2-3/8" Tbg.	4,029' RTM	

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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas- MCF
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

Actual Prod. Test - MCF/D A.O.F. 854 MCF/D	Length of Test 4-1/2 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (puct, back pr.) Back Pressure	Tubing Pressure (Shut-in) 794 psig	Casing Pressure (Shut-in) 800 psig	Choke Size 1/8"-3/16"-7/32"-1/4"

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 Asst. to Gen. Supt.
Printed Name
7-17-91 (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.

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ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Great Western Drilling Company		Well API No. 30-00562802
Address P.O. Box 1659, Midland, TX 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	Well No. 8	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease XXX , Federal XXXX	Lease No. NM-15862
Location Unit Letter <u>P</u> : <u>760</u> Feet From The <u>South</u> Line and <u>900</u> Feet From The <u>East</u> Line Section <u>4</u> Township <u>6-S</u> Range <u>25-E</u> , NMPM, <u>Chaves</u> 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 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 P	Sec. 4	Twp. 6-S	Rge. 25-E	Is gas actually connected? No	When ? Est. 10-1-91

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 3-17-91	Date Compl. Ready to Prod. 7-2-91		Total Depth 4,100' RTM		P.B.T.D. 4,052' RTM			
Elevations (DF, RKB, RT, GR, etc.) 3,998' RT	Name of Producing Formation Abo		Top Oil/Gas Pay 3,770'		Tubing Depth 4,029'			
Perforations Perfs: 3,770'-4,029', total 57', 57 holes					Depth Casing Shoe 4,100'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	10-3/4", 40.5#		910' RTM		575 Sxs.			
7-7/8"	4-1/2", 11.5#		4,100' RTM		625 Sxs. T-Cmt. 3,100'			
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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. 854 MCF/D	Length of Test 4-1/2 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (puct, back pr.) Back Pressure	Tubing Pressure (Shut-in) 794 psig	Casing Pressure (Shut-in) 800 psig	Choke Size 1/8"-3/16"-7/32"-1/4"

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 Asst. to Gen. Supt.
Printed Name
7-17-91 (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

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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"/>		
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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 <u>3-17-91</u>	Date Compl. Ready to Prod. <u>7-2 -91</u>		Total Depth <u>4,100' RTM</u>		P.B.T.D. <u>4,052' RTM</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3,998' RT</u>	Name of Producing Formation <u>Abo</u>		Top Oil/Gas Pay <u>3,770'</u>		Tubing Depth <u>4,029'</u>			
Perforations <u>Perfs: 3,770'-4,029', total 57', 57 holes</u>					Depth Casing Shoe <u>4,100'</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>910' RTM</u>		<u>575 Sxs.</u>			
<u>7-7/8"</u>	<u>4-1/2", 11.5#</u>		<u>4,100' RTM</u>		<u>625 Sxs. T-Cmt. 3,100'</u>			
	<u>2-3/8" Tbg.</u>		<u>4,029' RTM</u>					

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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 <u>A.O.F. 854 MCF/D</u>	Length of Test <u>4-1/2 hrs.</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>0</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>794 psig</u>	Casing Pressure (Shut-in) <u>800 psig</u>	Choke Size <u>1/8"-3/16"-7/32"-1/4"</u>

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