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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

RECEIVED

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AUG 06 1991

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION **O. C. D.**  
TO TRANSPORT OIL AND NATURAL GAS **ARTESIA, OFFICE**

I.

Operator <b>Great Western Drilling Company</b>	Well API No. <b>30-00562803</b>
Address <b>P.O. Box 1659, Midland, TX 79702</b>	
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 <b>Quail Federal "COM"</b>	Well No. <b>9</b>	Pool Name, Including Formation <b>Pecos Slope Abo</b>	Kind of Lease <del>State</del> Federal <del>or</del> <del>5050</del>	Lease No. <b>NM-15862</b>
Location Unit Letter <b>H</b> : <b>1,980</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>East</b> Line Section <b>21</b> Township <b>6-S</b> Range <b>25-E</b> , NMPM, <b>Chaves</b> 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 <b>H</b>	Sec. <b>21</b>	Twp. <b>6-S</b>	Rge. <b>25-E</b>	Is gas actually connected? <b>No</b> When? <b>Est. 10-10-91</b>

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
		<b>X</b>	<b>X</b>					
Date Spudded <b>3-27-91</b>	Date Compl. Ready to Prod. <b>7-5-91</b>	Total Depth <b>4,100' RTM</b>	P.B.T.D. <b>4,043' RTM</b>					
Elevations (DI, RKB, RT, GR, etc.) <b>3,998' RT</b>	Name of Producing Formation <b>Abo</b>	Top Oil/Gas Pay <b>3,818'</b>	Tubing Depth <b>3,938' RTM</b>					
Perforations <b>Perfs: 3,818'-3,906', total 20', 40 holes</b>							Depth Casing Shoe <b>4,100' RTM</b>	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
<b>14-3/4"</b>	<b>10-3/4", 40.5#</b>		<b>927' RTM</b>			<b>590 Sxs.-Circ.</b>		
<b>7-7/8"</b>	<b>4-1/2", 11.6#</b>		<b>4,100' RTM</b>			<b>500 Sxs. T-Cmt. 3,230'</b>		
	<b>2-3/8", 4.7#</b>		<b>3,938' RTM</b>					

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 <b>A.O.F. 1,199 MCFD</b>	Length of Test <b>4 hrs.</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate <b>0</b>
Testing Method (pitot, back pr.) <b>Back Pressure</b>	Tubing Pressure (Shut-in) <b>950 PSIG</b>	Casing Pressure (Shut-in) <b>1,000 PSIG</b>	Choke Size <b>1/4"</b> <b>1/8", 3/16", 7/32"</b>

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 Title  
**07-17-91** (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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Santa Fe, New Mexico 87504-2088

O. C. D.  
ARTESIA, OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Great Western Drilling Company	Well API No. 30-00562803
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 "COM"	Well No. 9	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease <del>State</del> Federal <del>or</del> <del>State</del>	Lease No. NM-15862
Location Unit Letter <u>H</u> : <u>1,980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>21</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 <u>H</u>	Sec. <u>21</u>	Twp. <u>6-S</u>	Rge. <u>25-E</u>	Is gas actually connected? <u>No</u>	When? <u>Est. 10-10-91</u>
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>3-27-91</u>	Date Compl. Ready to Prod. <u>7-5-91</u>	Total Depth <u>4,100' RTM</u>		P.B.T.D. <u>4,043' 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>3,818'</u>		Tubing Depth <u>3,938' RTM</u>				
Perforations <u>Perfs: 3,818'-3,906', total 20', 40 holes</u>						Depth Casing Shoe <u>4,100' RTM</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>927' RTM</u>		<u>590 Sxs.-Circ.</u>			
<u>7-7/8"</u>	<u>4-1/2", 11.6#</u>		<u>4,100' RTM</u>		<u>500 Sxs. T-Cmt. 3,230'</u>			
	<u>2-3/8", 4.7#</u>		<u>3,938' RTM</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.)

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 <u>A.O.F. 1,199 MCFD</u>	Length of Test <u>4 hrs.</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>0</u>
Testing Method (pita, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>950 PSIG</u>	Casing Pressure (Shut-in) <u>1,000 PSIG</u>	Choke Size <u>1/4"</u>
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M.B. Myers  
Signature  
M.B. Myers Asst. to Gen. Supt.  
Printed Name  
07-17-91 (915) 682-5241  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_

By \_\_\_\_\_

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