

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

C/SF

SEP 2 1980

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS PERMITTED	
DISTRICT	
SANTA FE	
FILE	✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
DAS	
OPERATOR	
PRODUCTION OFFICE	

Operator
A. NELSON MUNCY ✓Address
P. O. BOX 1037, ARTESIA, NEW MEXICO 88210

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11-1-80 ✓
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINEDIf change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name ALTO STATE	Well No. 2	Pool Name, Including Formation QUEEN DOUBLE-L QN. ASSOC.	Kind of Lease State, Federal or Fee STATE	Lease No. K-4321
Location Unit Letter J : 1650 Feet From The SOUTH Line and 1650 Feet From The EAST Line of Section 1 Township 15S Range 29E, NMPM, CHAVES County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO CRUDE OIL PURCHASING	Address (Give address to which approved copy of this form is to be sent) N. FREEMAN AVE. ARTESIA, N.M. 88210	
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 J	Sec. 1
	Twp. 15S	Rge. 29E

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rest'v. <input type="checkbox"/> Diff. Rest'v. <input type="checkbox"/>		
Date Spudded 3/13/80	Date Compl. Ready to Prod. 8/21/80	Total Depth 2015'	P.B.T.D. 1985'
Elevations (DF, RKB, RT, GR, etc.) 3865' GR	Name of Producing Formation QUEEN	Top Oil/Gas Pay 1951'	Tubing Depth 1930'
Perforations 1951'-55'			Depth Casing Shoe 2010'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8"-20#	380'	100 sxs "c" (circ.)
8"	4 1/2"- 9.5#	2010'	240 lite + 150 "c"
			(circulated)
	2 3/8" EVE. TBG.	1930'	-

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 Tanks 8-27-80	Date of Test 9-1-80	Producing Method (Flow, pump, gas lift, etc.) PUMP
Length of Test 24-HRS	Tubing Pressure -	Casing Pressure 12#
Actual Prod. During Test 32	Oil-Bbls. 31	Water-Bbls. 1
		Gas-MCF 0

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			9.5-80
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			11/60

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.

Milma Privette
(Signature)

Secretary

(Title)

9/1/80

(Date)

OIL CONSERVATION DIVISION

SEP 4 - 1980

APPROVED _____, 19

BY W. A. Gressett
SUPERVISOR, DISTRICT II

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple recompleted wells.