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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-85

RECEIVED

AUG 25 '88

Operator TOM SCHNEIDER		O. C. D. ARTESIAN OFFICE
Address 505 N. BIG SPRING, SUITE 204, MIDLAND, TEXAS 79701		
Reason(s) for filing (Check proper box)		
New Well	<input type="checkbox"/>	Change in Transporter of:
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/> *	Casinghead Gas <input type="checkbox"/>
		Dry Gas <input type="checkbox"/>
		Condensate <input type="checkbox"/>
* CHANGE IN OPERATOR EFFECTIVE 8-1-88.		

If change of ownership give name and address of previous owner: BOYD & McWILLIAMS CORPORATION

II. DESCRIPTION OF WELL AND LEASE

Lease Name EMPIRE FEDERAL <del>11-12</del>	Well No. 2	Pool Name, including Formation GRAYBURG JACKSON SR. V-G-5A	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 21682
Location				
Unit Letter PC	710 2100	Feet From The N	Line and 1513 1980	Feet From The WEST EAST
Line of Section 6	Township 17S	Range 29E	NMPM, EDDY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> KOCH SERVICE INC.	Address (Give address to which approved copy of this form is to be sent) BOX 1558, BRECKENRIDGE, TEXAS 76024	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO INC.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2197, HOUSTON, TEXAS 77252	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 6
	Twp. 17	Rge. 29
	Is gas actually connected? When YES 12/86	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Reservoir <input type="checkbox"/>	Diff. Reservoir <input type="checkbox"/>
Date Spudded 8/6/86	Date Compl. Ready to Prod. 10/6/86		Total Depth 10,550'		P.B.T.D. 2585'			
Elevations (DF, RKB, RT, GR, etc.) 3709 GR.	Name of Producing Formation GRAYBURG-QUEEN		Top Oil/Gas Pay 1899		Tubing Depth 1812' KB			
Perforations 2416-39', 2514-18' & 1899-1901'					Depth Casing Shoe 2635			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		320'		325 SX.			
11"	8 5/8"		2635'		800 SX.			
11"	2 7/8"		1812					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 10/6/86	Date of Test 10/24/86	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24'	Tubing Pressure 0	Casing Pressure 0	Choke Size 0
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 0	Gas - MCF 185

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)

OWNER

(Title)

AUGUST 24, 1988

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 29 1988, 19

BY Original Signed By

TITLE Mike Williams

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 multiply completed wells.

Post ID-2  
9-2-88  
chg. ap.