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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

RECEIVED

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

OIL CONSERVATION DIVISION

SEP 18 '89

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator JOHN SCHOONMAKER /	Well API No. 30-015-26019
Address 20 Gary Drive Artesia, New Mexico 88210	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: 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 Schoonmaker State	Well No. 4	Pool Name, Including Formation Turkey Track, 7R, QN.GB.SA.	Kind of Lease State, Federal or Fee	Lease No. 30-015-26019
Location Unit Letter L : 2310 Feet From The south Line and 440 Feet From The west Line Section 12 Township 19S 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"/> NAVAJO	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 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 L	Sec. 12
	Twp. 19S	Rge. 29E
	Is gas actually connected? TSTM When ?	

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 11/30/88	Date Compl. Ready to Prod. 8/9/89 7-30-89		Total Depth 2624		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3375 Gr	Name of Producing Formation Grayburg/ Queens		Top Oil Gas Lay 2305		Tubing Depth 2585 2480			
Perforations 2305, 06, 07, 08, 09, 10, 11, 12, 13, 14, 94, 95, 96, 2411-18			Depth Casing Shoe 2624					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 15	CASING & TUBING SIZE 10 3/4		DEPTH SET 305		SACKS CEMENT 350 Post 10-2			
10	7		1230		1050 10-13-89			
6 1/2	4 1/2		2624		450 long 1 BK			
	2 3/8		2585 2480					

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 Tank 8/9/89	Date of Test 8/9/89	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 3 Bbls.	Oil - Bbls. 3	Water - Bbls. 12	Gas - MCF

GAS WELL

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

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

Printed Name

Charles E. Graham

Title
Agent

Date
8/18/89

Telephone No. **396-6108**

OIL CONSERVATION DIVISION

Date Approved **OCT 6 1989**

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 well in each district.