

MAR 3 1970

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 1-1-65

I. Operator **Xplor Company**

Address **c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico**

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Cleveland** Well No. **1** Pool Name, including Formation **Unders. East Caprock Devonian** Kind of Lease **State** Lease No. **K-3920**

Location

Unit Letter **G** ; **1650** Feet From The **North** Line and **2310** Feet From The **East**

Line of Section **23** Township **12 S** Range **32 E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Admiral Crude Oil Corporation

Address (Give address to which approved copy of this form is to be sent)
Box 1713, Midland, Texas

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

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 **G** Sec. **23** Twp. **12S** Rge. **32E** Is gas actually connected? **No** 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	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded re-entered 1/3/70	Date Compl. Ready to Prod. 2/12/70	Total Depth 11,227	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 4342 DF	Name of Producing Formation Devonian	Top Oil/Gas Pay 11,217	Tubing Depth 11,167					
Perforations open hole 11,217-227	Depth Casing Shoe 11,217							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	323	325
11	8 5/8	3648	2150
7 7/8	5 1/2	11,217	250
	2 3/8	11,167	

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 Tanks 2/12/70	Date of Test 2/12/70	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 614 bbls	Oil - Bbls. 430	Water - Bbls. 184	Gas - MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Wonna Holles
(Signature)

Agent

(Title)

March 2, 1970

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 3 1970**, 19

BY *Leslie M. Clements*
Oil & Gas Inspector

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 multiply completed wells.