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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

DEC 22 11 44 AM '67

Operator <i>Imperial Oil Company</i>	
Address <i>Box 1031, Midland, Texas 79701</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<i>Change name from State OG-5338 well no. 1 to State "E 7" Com. no. 5</i>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>State "E. 7" Com</i>	Lease No. <i>OG 5338</i>	Well No. <i>5</i>	Pool Name, Including Formation <i>Inlie Perm Penn</i>	Kind of Lease <i>State, Federal or Fee State</i>
Location				
Unit Letter <i>M</i>	<i>660</i>	Feet From The <i>south</i>	Line and <i>660</i>	Feet From The <i>west</i>
Line of Section <i>5</i>	Township <i>11-S</i>	Range <i>34-E</i>	NMPM, <i>Lea</i> 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"/> <i>Service Pipe Line Assoc. Pipeline Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 337 Midland, Texas</i>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Warren Petroleum Corp.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 966, Lovington, New Mexico</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>J</i>	Sec. <i>6</i>
	Twp. <i>11-S</i>	Rge. <i>34-E</i>
	Is gas actually connected? <i>yes</i> When <i>12-20-67</i>	

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 <i>11-6-67</i>	Date Compl. Ready to Prod. <i>12-20-67</i>		Total Depth <i>9970</i>		P.B.T.D. <i>9925</i>			
Elevations (DF, RKB, RT, GR, etc.) <i>4204 GL</i>	Name of Producing Formation <i>Bough "C"</i>		Top Oil/Gas Pay <i>9832</i>		Tubing Depth <i>9832</i>			
Perforations <i>(9828-38 9868-76 9884-88)</i>		<i>ORLWR</i>		Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>17 1/2"</i>	<i>13 3/8"</i>		<i>356</i>		<i>375</i>			
<i>11"</i>	<i>8 5/8"</i>		<i>3993</i>		<i>850</i>			
<i>7 7/8"</i>	<i>4 1/2"</i>		<i>9965</i>		<i>188</i>			

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 <i>12-20-67</i>	Date of Test <i>12-20-67</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Hydraulic Pump</i>	
Length of Test <i>24 hrs.</i>	Tubing Pressure <i>Power oil</i>	Casing Pressure <i>105 PSI</i>	Choke Size <i>-</i>
Actual Prod. During Test <i>192</i>	Oil-Bbls. <i>120</i>	Water-Bbls. <i>72</i>	Gas-MCF <i>314</i>

GAS WELL

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

R.E. Smith
(Signature)

As. Prod. Clerk
(Title)

December 21, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED *DEC 26 1967*, 19

BY *ORIGINAL & THREE COPIES*
SIGNED BY *ENGINEER DISTRICT*

TITLE *ENGINEER DISTRICT*
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.