

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Petroleum Production Management <i>Inc</i>		Well API No. 30-025-22585
Address Suite 200/Sutton Place Bldg. Wichita, Kansas 67202		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Dually completed 12-8-89		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Well Lease and Penn
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Abo
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "8"	Well No. 1	Pool Name, Including Formation Vada Penn & East Lane Abo	Kind of Lease State, Federal or Fee XXXXXXXXXX	Lease No. LG-6974-1
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 8 Township 10-S Range 34-E, NMPM, Lea 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"/> Amoco Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 591 Tulsa, Oklahoma 74102					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, Oklahoma 74100-2039					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 8	Twp. 10S	Rge. 34E	Is gas actually connected? Yes	When? ---

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

R-8981 + DHC-740

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded ---	Date Compl. Ready to Prod. 12-8-89		Total Depth 9965'		P.B.T.D. 9948'			
Elevations (DF, RKB, RT, GR, etc.) 4243' DF	Name of Producing Formation Pernsykvanian		Top Oil/Gas Pay Penn: 9904' & Abo: 9000'		Tubing Depth 9941'			
Perforations Penn: (9908'-9916') & Abo: (9000'-9025')					Depth Casing Shoe 9965'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
(SEE ORIGINAL)								

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 100 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 12-11-89	Date of Test 12-11-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 25 psi	Casing Pressure 2 psi	Choke Size 2"
Actual Prod. During Test	Oil - Bbls. 11	Water - Bbls. 58	Gas- MCF 0

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. 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.

W.M. Groesbeck
Signature
W.M. Groesbeck District Engineer
Printed Name
1-25-90 Date
505/675-2478 Telephone No.

OIL CONSERVATION DIVISION

JAN 29 1990

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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 pool in multiply completed wells.