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Appropriate District Office
DISTRICT 1
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

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		0 11 11		0111 012	- AND INA	1011/12 0	<u> </u>	Vell A	Pl No.				
Greenwood Hold	dings Inc.							30-025-22956					
Address			-										
5600 S. Quebec	<u>St., Sı</u>	<u>uite 1</u>	<u>50-C</u>	Engle									
Reason(s) for Filing (Check proper box)		<b>.</b> .	_		U Oth	et (Please expl	aut)						
New Well		Change in	-										
Recompletion  Change in Operator  X	Oil Dry Gas Casinghead Gas Condensate .												
									•				
and address of bissions obsistor.	berts 8	4 Hamm	ack	Inc.	<del></del>								
II. DESCRIPTION OF WELL AND LEASE													
Lease Name	Mathers B Well No. Pool Name, Includi					ng Formation ey Permo Penn			Kind of Lease		ease No.		
Mathers B		<u>-</u>	NOT	th bagi	ey remit	ey reimo reim			COSTSI (DVC)				
Location	10	2001			N		100	י ח		W			
Unit Letter	: 1980' Feet From The				N Line and			80 Feet From The W Line					
Section 30 Township	115		Range	. 3	3E , N	мРМ,	Lea				County		
	, ,,,,		- Naugy		<u> </u>	VII IVI,					County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)													
Name of Authorized Transporter of Oil	$\square$	or Conden	SME		4					orm is to be se	nt)		
						P.O. Box 561 Tulsa, OK 74102							
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Co.						Address (Give address to which approved							
If well produces oil or liquids.	:				P.O. Box 1588 Tulsals gas actually connected?			a. UK /4142 When?					
give location of tanks.	F	30	1115		No	y comean.	i '						
If this production is commingled with that i	rom any oth	er lease or	pool, g	ive comming	ing order numl	per:							
IV. COMPLETION DATA				<u> </u>									
Designate Type of Completion	· 00	Oil Well	ļ	Gas Well	New Well	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		X Postura	<u></u>		Total Depth		<u> </u>		222	L	İ		
	Date Compl. Ready to Prod.				10400'			P.B.T.D.					
1-16-69 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth					
4311' GR	Upper Penn				1 -	9405'			9300'				
Perforations	1 opper renn								Depth Casing Shoe				
9405-9656'													
	CEMENTING RECORD												
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
17½"	11 3/4/"				375'				375				
9.7/8"	ļ	8 5/8"				3949'			450				
7 7/8"	41/2"				10400"			$\rightarrow$	600				
V. TEST DATA AND REQUES	T FOR A	LLOW	ARLE	7.	_						_		
OIL WELL (Test must be after n					be equal to or	exceed top allo	owable fo	or this	depth or be j	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes			· · · · -		thod (Flow, p	_						
ta a sa													
Length of Test	Tubing Pressure			Casing Pressure			Choke Size						
D. J. D. S. T. J.	Oil - Bbis.			776 Db1-				C MCE					
Actual Prod. During Test				Water - Bols.	Water - Bbls.				Gas- MCF				
CACMELI	L	. ,		<del></del>	1								
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate					
The Item - MCI/D	Length Or Test				Bull. Concessate Minici								
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
VL OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE					T.011	D. 11 (10)			
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above					00T 1 F 1000								
is true and complete to the best of my knowledge and belief.					Date Approved 0CT 1 5 1990								
Signature/					∥ By_	By DISTRICT I SUPERVISOR							
James P. Ryder Operations Manager						DISTRICT I SUPERVISOR							
Printed Name Title					Title								
October 8, 1990	(303		<u>-670</u>										
Date		I cic	Private	140.	<u> </u>								

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.