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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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 <b>Ralph S. Cooley</b>	
Address <b>P. O. Box 254, Midland, Texas 79701</b>	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Byers "59"</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Sawyer San Andres Gas</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location			
Unit Letter <b>K</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b>			
Line of Section <b>30</b> , Township <b>9-S</b> Range <b>38-E</b> , NMPM, <b>Lea</b> 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"/> <b>Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 3119, Midland, TX 79701</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Cities Service Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 300, Tulsa, OK</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>30</b>
	Twp. <b>9S</b>	Rge. <b>38E</b>
	Is gas actually connected? <b>No</b> When <b>Approx. 10 days</b>	

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	Gas Well	New Well	Workover	Deepen.	Plug Back	Same Res'tv.	Diff. Res'tv.
		<b>X</b>	<b>X</b>					
Date Spudded <b>11/30/70</b>	Date Compl. Ready to Prod. <b>12/20/70</b>		Total Depth <b>5010</b>		P.B.P.D.			
Pool <b>Sawyer San Andres Gas</b>	Name of Producing Formation <b>San Andres</b>		Top Oil/Gas Pay <b>4921</b>		Tubing Depth <b>4930</b>			
Perforations <b>2 @ 4921-27-29-46-59-62-66-68-70-72-74</b>					Depth Casing Shoe <b>4990</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>8-5/8" - 24#</b>		<b>412</b>		<b>300</b>			
<b>7-7/8"</b>	<b>4-1/2" - 11.6#</b>		<b>5010</b>		<b>300</b>			

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)

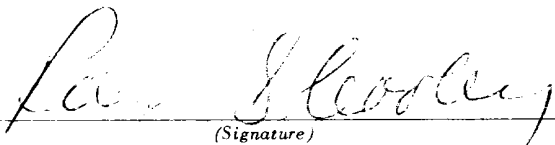
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D <b>370</b>	Length of Test <b>24</b>	Bbls. <del>oil</del> <sup>oil</sup> / MMCF <b>.0375</b>	Gravity of <del>oil</del> <sup>oil</sup> <b>26°</b>
Testing Method (pitot, back pr.) <b>Back Pressure</b>	Tubing Pressure <b>100 psi</b>	Casing Pressure <b>480 psi</b>	Choke Size <b>20/64"</b>

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.

  
(Signature)  
**Operator**  
(Title)  
**12/21/70**  
(Date)

OIL CONSERVATION COMMISSION  
**SEP 28 1971**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
TITLE **OIL & GAS INSPECTOR**

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 Sections I, II, III, and VI only 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.

December 14, 1970

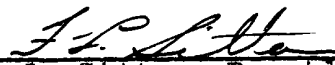
Deviation surveys taken on Ralph S. Cooley Byers 59 #2, Section 30, 9-38, Lea County, New Mexico.

<u>Depth</u>	<u>Degree</u>
417'	1/4
906	1/2
1401	1/2
1896	1/4
2269	1/4
3033	1 1/4
3533	1 1/2
3695	1 3/4
4085	2
4345	1 3/4
4605	1 1/4
4790	3/4
5000	-0-

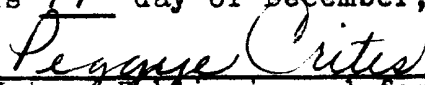
I hereby certify that I have personal knowledge of the facts and data placed on this sheet, and that such information given above is true and complete.

  
\_\_\_\_\_  
Sitton and Norton Drilling Company

Before me, the undersigned authority, on this day personally appeared F. L. Sitton, known to me to be the person whose name is subscribed hereto, who, after being duly sworn, on oath states that he is the drilling contractor of the well identified in this instrument and that such well was not intentionally deviated from the vertical whatsoever.

  
\_\_\_\_\_  
F. L. Sitton, President

Sworn and Subscribed to before me, this 14 day of December, 1970.

  
\_\_\_\_\_  
Notary Public in and for Lubbock County,  
Texas.

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