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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
(Deviation Surveys - Back Side)

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Victory Petroleum Company	
Address P. O. Box 36666 Houston, Texas 77036	
Reason(s) for filing (Check proper box)	Other
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>11/10/73</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE	
Lease Name <u>MM "L-61" State</u>	Well No. <u>1</u> Pool Name, including Formation <u>R-4464</u> Kind of Lease State, Federal or Fee <u>State</u> Lease No. <u>L-61</u>
Location Unit Letter <u>B</u> <u>1980</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>North</u> Line of Section <u>6</u> Township <u>10-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Mobil Oil Corp (Truck)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 633 - Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	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 <u>B</u> Sec. <u>6</u> Twp. <u>10-S</u> Rge. <u>33-E</u> Is gas actually connected? <u>No</u> When

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

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 <u>10-5-72</u>	Date Compl. Ready to Prod. <u>11-10-72</u>
Elevations (DF, RKB, RT, GR, etc.) <u>4198.1 GL, 4208.5 DF</u>	Name of Producing Formation <u>San Andres</u>
Perforations <u>4192-4212' (2/JSPF)</u>	Top Oil/Gas Pay <u>4192'</u>
	Tubing Depth <u>4272'</u>
	Depth Casing Shoe <u>4353'</u>

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>361'</u>	<u>250 Sx</u>
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>4353'</u>	<u>400 Sx</u>
	<u>2-3/8" Tubing</u>	<u>4272"</u>	

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 <u>11-10-72</u>	Date of Test <u>11-28-72</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>40</u>	Casing Pressure	Choke Size
Actual Prod. During Test <u>39 Bbls</u>	Oil-Bbls. <u>34 Bbls</u>	Water-Bbls. <u>5 Bbls</u>	Gas-MCF <u>TSTM</u>

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

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.

o & A NMOCG-Hobbs
2 - Amoco
2 - Victory

J. J. Post
(Signature)
Agent for Victory
(Title)
November 30, 1972
(Date)

OIL CONSERVATION COMMISSION
DEC 1 1972
APPROVED _____, 19____
BY J. J. Post
TITLE SUPERVISOR DISTRICT I
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.

DEVIATION SURVEY

<u>NORTH</u>	<u>DEGREE</u>
361'	0
850'	1/2°
1215'	3/4 °
1730	1/2°
2134	1°
2625	1-1/4 °
3039	1-1/4 °
3460	1-1/4°
3785	1/4 °
4129	1-1/2 °
4350	1-1/4 °

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

J. R. Yost
J. R. Yost
Agent for Victory
Dated: November 30, 1972

Sworn before me this 30 Day of November 1972

2-5-74
My Commission Expires

Barbara Lee Hunter
Notary Public in and for Lea
County, New Mexico

RECEIVED

1. 8 1972
OIL CONSERVATION COMM.
HOBBS, N. M.