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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	
PROBATION 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

Operator
Oil Development Company of Texas

Address
900 Polk Street, Amarillo, Texas 79101

Reasons for filing (check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SFPRR</u>	Well No. <u>15</u>	Pool Name, including Formation <u>R-4499 West Sawyer (San Andres)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>B</u>	<u>800</u> Feet From The <u>North</u> Line and <u>2121</u> Feet From The <u>East</u>			
Line of Section <u>34</u>	Township <u>9S</u>	Range <u>37E</u>	<u>Lea</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Mobil Pipeline Corporation</u>	<u>P.O. Box 900, Dallas, Texas 75221</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Cities Service Oil Company</u>	<u>P.O. Box 300, Tulsa, Oklahoma 74102</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>C</u> <u>33</u> <u>9S</u> <u>37E</u> <u>Yes</u> <u>2-1-73</u>

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 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>1-14-73</u>	Date Compl. Ready to Prod. <u>2-1-73</u>	Total Depth <u>5100'</u>	P.B.T.D. <u>5093'</u>					
Elevations (DF, RKB, RF, GR, etc.) <u>3973' RKB</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>4985'</u>	Tubing Depth <u>5082'</u>					
Perforations <u>4985-5020' 2 JSPF (70 holes)</u>			Depth Casing Shoe <u>5099'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/2"</u>	<u>8-5/8"</u>	<u>420'</u>	<u>325 Class "C" w/2%</u>					
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>5099'</u>	<u>275 Class "C" w/2%</u>					
<u>4-1/2"</u>	<u>2" tubing</u>	<u>5082'</u>						

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 <u>2-1-73</u>	Date of Test <u>2-8-73</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping 2"x1 1/2"x16' Insert</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>205 BF</u>	Oil-Bbls. <u>20.5</u>	Water-Bbls. <u>184.5</u>	Gas-MCF <u>28.76</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

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.

L. Wayne Kelly
(Signature)
General Superintendent
(Title)
February 14, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY J. D. [Signature]

TITLE _____

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.

January 1, 1977.

Enclosed are 25 copies of the envelopes containing the data and
the names of the donors, and the names of the donors, in alphabetical order.

<u>Name</u>	<u>Address</u>
101	
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The following is a list of the names of the donors of the data and
the names of the donors, in alphabetical order, in the list
enclosed.

Sherman H. Noyes
Director of the National Science Foundation

The following is a list of the names of the donors of the data and
the names of the donors, in alphabetical order, in the list
enclosed.

Sherman H. Noyes
Director of the National Science Foundation

January 26, 1977.

Peggy Orites
Secretary of the National Science Foundation