1 01 60.122		1	
DISTRIBUTION			
ANTA FE			
FILE			
J.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	Ī	
OPERATOR			
BBOD ATION OF			

NEW MEXICO OIL CONSERVATION COMMISS REQUEST FOR ALLOWABLE

Form C-104				
Supersedes	Old	C-104	and	C-110
C44				

	FILE	NEWOES!	AND	Effective 1-1-65			
	J.S.G.5.	AUTHORIZATION TO TO	AND				
	LAND OFFICE	AUTHORIZATION TO TR.	ANSPORT OIL AND NATURAL	GAS			
		-					
	TRANSPORTER OIL						
	GAS						
	OPERATOR	4		1			
1.	PRORATION OFFICE						
	Operator	_					
	V-F Petrole	um Inc.					
	Address						
	1212 Vaughr	1212 Vaughn Building, Midland, Texas 79701					
	Reason(s) for filing (Check proper box,)	Other (Please explain)				
	New Well	Change in Transporter of:	CASINGHEAD CA	S MUST NOT BE			
			FLARED AFTER	a most not we			
	Recompletion	Oil Dry G	I III	11/1/14			
	Change in Ownership	Casinghead Gas Conde	nsate UNA	EPTION TO R-4070			
		TT3' 0'1	IS CETAINED.				
	If change of ownership give name and address of previous owner	Harding Oil	The second secon				
11	DESCRIPTION OF WELL AND	LEASE					
	Lease Name	Well No. Pool Name, Including F	ormation Kind of Leas	e Legse No.			
	State 5	1 West Sawver	, (San Andres) State, Federa	olor Fee State L-1080			
	Location						
			1020	37 = 1 3.			
	Unit Letter H; 51	9 Feet From The East Lin	ne and 1839 Feet From	The North			
	. 5	10S	37E Lea	•			
	Line of Section Tow	mship Range	, NMPM,	County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	1S				
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro				
	Mobil Oil Corporat	ion (truck)	P. O. Box 900, Dal	las, Texas 75221			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appro				
	vented						
	Venceu	Unit Sec. Twp. Ege.	Is gas actually connected? , Wh				
	If well produces oil or liquids,	Unit Sec. Twp. Fige. 5 10S 37E	NO NO	en <u> </u>			
	give location of tanks.	<u> </u>	1				
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:				
	COMPLETION DATA						
	Designate Two of Completies	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio	$n - (\Lambda)$					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	5-9-74	9-1-74	5,065'				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	3,973' GL	San Andres	4,984'	5,030'			
	Perforations			Depth Casing Shoe			
	4985 - 5007'			Dop.iii Gubbing Shee			
				1			
			CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	11"	8-5/8" 4-1/2"	404 '	250 sx			
	7-7/8"	4-1/2"	5,065	250 sx.			
37	TEST DATA AND REQUEST FO	RALLOWARIE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-			
	OIL WELL	able for this de	pth or be for full 24 hours)	and must be equal to or exceed top ditions			
i	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)			
ļ	9-1-74	9-13-74	Pump				
j	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
i	24 hrs	_	5	_			
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF			
	-						
Į	8	8	20	1 MCF			
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
i							
l	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
ŀ							
	OFFICATE OF COVELLANCE	16	OIL CONSERVA	TION COMMISSION			
VI.	CERTIFICATE OF COMPLIANC	E.	OIL CONSERVA	TION COMMISSION			
I hereby certify that the rules and reg			APPROVED 19				
		egulations of the Oil Conservation		2, 1,			
*	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY AM	mes -			
			TITLE SUPPRISOR DISTRICT (
	- 1 / /		mula form to be be filled to a	and the second second			
	The second of the second			compliance with RULE 1104,			
	J. M. Fullinwider, Vice President (Title) 9-18-74		If this is a request for sllowable 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,				
_							
_							
-	(Date	e)	weil name or number, or transporter, or other such change of condition.				
	i		Canazata Forms C-104 must be filed for each cool in multiply				