

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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

SEP 23 1976

Operator <b>DYCO PETROLEUM CORPORATION</b>	
Address <b>1700 Philtower Building, Tulsa, Oklahoma 74103</b>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Other (Please explain): <b>CASINGHEAD GAS MUST NOT BE OBTAINED.</b>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE **POOL**  
DO NOT CONCUR

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Federal-6</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Undesignated</b>	Kind of Lease State, Federal or Free <b>Federal</b>
Location Unit Letter <b>2310'</b> Feet From The <b>South</b> Line and <b>2310'</b> Feet From The <b>West</b> Line of Section <b>6</b> , Township <b>10S</b> , Range <b>38E</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>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183, Houston, Texas 77001</b>	
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)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Hst/v.	Diff. Rest/v.
Date Spudded <b>7/25/76</b>	Date Compl. Ready to Prod. <b>09/22/76</b>	Total Depth <b>5005'</b>	P.B.T.D.					
Pool <b>Undesignated</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>4982'</b>	Tubing Depth <b>5000'</b>					
Perforations <b>Open hole</b>	Depth Casing Shoe <b>4984'</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>12 1/4"</b>	CASING & TUBING SIZE <b>8 5/8"</b>	DEPTH SET <b>441'</b>	SACKS CEMENT <b>300</b>					
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>4984'</b>	<b>150</b>					
<b>7 7/8"</b>	<b>2 3/8" tbg.</b>	<b>5000'</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 <b>8/18/76</b>	Date of Test <b>8/23/76</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Rod Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>25#</b>	Casing Pressure <b>10#</b>	Choke Size <b>- - -</b>
Actual Prod. During Test <b>10 BTF</b>	Oil - Bbls. <b>3 B0</b>	Water - Bbls. <b>7 BW</b>	Gas - MCF <b>- - -</b>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.

Roy H. Reeves  
Vice President

09/22/76

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

RECEIVED

APR 11 1976  
COMMUNICATIONS COMM.  
U.S. D. H.