

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-111
Effective 1-1-65

DISTRIBUTION		
AMT. FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
V-F Petroleum Inc.

Address
901 Vaughn Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
PLACED IN THE
UNLESS AN EXCEPTION TO R-1070
IS OBTAINED.**

If change of ownership give name
and address of previous owner No change

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 15	Well No. 1	Pool Name, including Formation S.R.R. Devonian	Kind of Lease State, Federal or Fee	State Lea	Lease No. L-6927
Location Unit Letter P ; 990 Feet From The South Line and 330 Feet From The East Line of Section 15 Township 9S Range 36E , NMPM, 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"/> Summit Gas Company (Truck) (TEMPORARY)	Address (Give address to which approved copy of this form is to be sent) 405 Entex Building, Houston, Tx. 77002
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 Res'v.	Diff. Res'v.
Date Spudded 9-30-76	Date Compl. Ready to Prod. 12-16-76	Total Depth 11,087'	P.B.T.D. 11,087'					
Elevations (DF, RKB, RT, GR, etc.) 4331 GL 4343 KB	Name of Producing Formation Devonian	Top Oil/Gas Pay 11,076'	Tubing Depth 11 057.25'					
Perforations Open hole 11,057-10,087'			Depth Casing Shoe 11,057'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15	12-3/4"	361.18	415					
11-3/4	8-5/8	3551.98	400 SX.					
7-7/8"	4-1/2"	11056.50	350					
4-1/2"	2-3/8"	11057.00	0					

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 12-16-76	Date of Test 12-21-76	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 263	Casing Pressure 240	Choke Size 8/64
Actual Prod. During Test 142	Oil-Bbls. 142	Water-Bbls. 0	Gas-MCF 7.0

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.

V. F. Varich
President (Signature)

12-23-76 (Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Jerry S. Latham
TITLE SUPERVISOR DISTRICT 1

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 multiple