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TRANSPORTER	OIL	
	GAS	
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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

I.

Operator Oil Development Company of Texas	
Address American National Bank Bldg, P. O. Box 12058, Amarillo, Texas 79101	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Other (Please explain) COMMINGLED GAS MUST NOT BE PRODUCED FROM AN EXCEPTION TO 8-402 IS OBTAINED.	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 27	Well No. 2	Pool Name, including Formation West Sawyer (San Andres)	Kind of Lease State, Federal or Fee federal	Lease No. -
Location Unit Letter <u>E</u> ; 1980 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>9South</u> Range <u>37East</u> , NMPM, <u>Lea</u> 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"/> Mobil Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221	
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 D	Sec. 27
	Twp. 9S	Rge. 37E
	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 <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 11-29-76	Date Compl. Ready to Prod. 12-18-76		Total Depth 5024		P.B.T.D. 5016			
Elevations (DF, RKB, RT, GR, etc.) KB 3982.5	Name of Producing Formation San Andres		Top Oil/Gas Pay 4950		Tubing Depth 5010'			
Perforations 4950-78, 4992-5013					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		426		250			
7-7/8"	4-1/2"		5024		250 thru shoe, 700 sx thru DV tool			
	2-3/8"		5010		-			

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 12-27-76	Date of Test 12-28-76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 35	Casing Pressure -	Choke Size -
Actual Prod. During Test 113 bbl	Oil-Bbls. 84	Water-Bbls. 29	Gas-MCF 10

GAS WELL

Actual Prod. Test-MCF/D Not applicable	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.

Anthony Walker
(Signature)
Petroleum Engineer
(Title)
December 30, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED 12/31/76, 19____
BY James L. Taylor
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

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