

**OIL CONSERVATION DIVISION**

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator Danny R. Watson	Well API No. 30-025-25727
Address P.O. Box 8 Tatum, NM 88267	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Tenneco Oil Co. Box 2511 Houston, TX 77001	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Tenneco Sunshine	Well No. 3	Pool Name, Including Formation North Bagley Penn Bough C	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter N : 660 Feet From The south Line and 2130 Feet From The west Line Section 1 Township 12S Range 32E, NMPM, Lea 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"/> Permian Oil SCURLOCK PERMIAN CORP EFF 9-1-91	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119 Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 1	Twp. 12S	Rge. 32E	Is gas actually connected? Yes	When? 4-1-89

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-27-77	Date Compl. Ready to Prod. 4-24-77	Total Depth 10,502	P.B.T.D. 10,371					
Elevations (DF, RKB, RT, GR, etc.) 4314.5 GL	Name of Producing Formation Cisco	Top Oil/Gas Pay	Tubing Depth None in hole					
Perforations 9303' 9863	Depth Casing Shoe							
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
17 1/2		13 3/8 54.5# no		318'		480 CUFT		
8 5/8 11"		8 5/8 32# tubing		3800'		1250 sack of cement		
5 1/2 7 7/8"		5 1/2 17# in hole		10421'		1000 sack of cement		

**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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF 100 MCF

**GAS WELL**

Actual Prod. Test - MCF/D 100 MCF	Length of Test 24	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 4 lbs	Choke Size

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
Danny R. Watson  
Printed Name  
6-5-89  
Date  
Operator  
Title  
505-398-3490  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved

JUN 7 1989

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.