

DISTRIBUTION			
ANTA FE			
ILE			
I.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION 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

I.

Operator V-F Petroleum Inc.	
Address 901 Vaughn Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AND UNLESS A TABULATION TO 1-1-78 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Landreth State	Well No. 1	Pool Name, Including Formation Crossroads South Devonian	Kind of Lease State, Federal or Fee State	Lease No. LG2369
Location Unit Letter M ; 1100 Feet From The West Line and 330 Feet From The South Line of Section 15 Township 10S Range 36E , 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"/> Summit Gas Company	Address (Give address to which approved copy of this form is to be sent) 405 Entex Bldg., Houston, Tx. 77002					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	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 M	Sec. 15	Twp. 10S	Rge. 36E	Is gas actually connected? No	When Est. 5-1-78

If this production is commingled with that from any other lease or pool, give commingling order number: NO

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 7-30-77	Date Compl. Ready to Prod. 3-5-78		Total Depth 12,239'		P.B.T.D. 12,239'			
Elevations (DF, RKB, RT, GR, etc.) 4007' GR	Name of Producing Formation Devonian		Top Oil/Gas Pay 12,235'		Tubing Depth 12,220'			
Perforations					Depth Casing Shoe 12,220'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	12-3/4" (Casing)		398'		450'			
11"	8-5/8" (Casing)		4,299'		1,075'			
7-7/8"	5-1/2" (Casing)		12,220'		650' First Stage			
	2-3/8" (Tubing)		12,220'		1,050' Second Stage			

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 3-6-78	Date of Test 3-13-78	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure ---	Casing Pressure 20 psi	Choke Size ---
Actual Prod. During Test 55 Bbls	Oil - Bbls. 55 Bbls	Water - Bbls. 375 Bbls	Gas - MCF 28 MCF

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. Vauil
(Signature)
President
(Title)
3-20-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 22 1978, 19
BY [Signature]
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 multiple