

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-11  
Effective 1-1-65

Operator Natomas North America, Inc.	
Address 1000 First Place, Tulsa, Oklahoma 74103	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change of Lease Name
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico State <i>Com</i>	Well No. 1	Pool Name, including Formation Wildcat (Atoka)	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter <i>M</i> ; <i>860</i> Feet From The <i>South</i> Line and <i>660</i> Feet From The <i>West</i> Line of Section <i>19</i> Township <i>10S</i> Range <i>32E</i> , NMPM, <i>Lea</i> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 405 Entex Building, Houston, TX					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit <i>M</i>	Sec. <i>19</i>	Twp. <i>10S</i>	Rge. <i>32E</i>	Is gas actually connected? <i>yes</i>	When <i>2-27-79 10:00 A.M.</i>

If this production is commingled with that from any other lease or pool, give commingling order number: *N/A*

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<i>X</i>	<i>X</i>					
Date Spudded <i>3-5-78</i>	Date Compl. Ready to Prod. <i>7-11-78</i>	Total Depth <i>12,000'</i>		P.B.T.D. <i>11,597'</i>				
Elevations (DF, RKB, RT, GR, etc.) <i>FR 4380.7</i>	Name of Producing Formation <i>Atoka Morrow Full</i>		Top Oil/Gas Pay <i>10,756'</i>		Tubing Depth <i>10,667'</i>			
Perforations <i>10,756 - 764' (Atoka)</i>					Depth Casing Shoe <i>11,600'</i>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>17-1/2"</i>	<i>13-3/8"</i>	<i>365'</i>	<i>350 sxs Class C</i>
<i>12-1/4"</i>	<i>8-5/8"</i>	<i>3,550'</i>	<i>1370 sx Hal Lite &amp; Cl C</i>
<i>7-7/8"</i>	<i>5-1/2"</i>	<i>11,600'</i>	<i>2163 sx Class H</i>
	<i>2-7/8" tubing</i>	<i>10,667'</i>	

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	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

GAS WELL

Actual Prod. Test-MCF/D <i>1209</i>	Length of Test <i>4 hrs</i>	Bbls. Condensate/MMCF <i>18.6</i>	Gravity of Condensate <i>42</i>
Testing Method (pilot, back pr.) <i>back press</i>	Tubing Pressure (Shut-in) <i>960 psi - flwg</i>	Casing Pressure (Shut-in)	Choke Size <i>12/64"</i>

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.

*Larry Tarwater*  
(Signature)  
Production Engineer  
(Title)  
March 9, 1979  
(Date)

OIL CONSERVATION COMMISSION

APPROVED *MAD 01 1979*, 19  
BY *Jerry L. Lipton*  
TITLE *SUPERVISOR DISTRICT*

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 completed wells.

RECEIVED

MAR 15 1979

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100-1000-10000