

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
Spence Energy Co.

Address
381 Two Energy Sq., 4849 Greenville Ave., Dallas, Tex. 75206

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)
Correction of C-104
filed 12-22-86

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 14	Well No. 1	Pool Name, Including Formation S.R.R. Devonian	Kind of Lease State, Federal or Fee State	Lease No. V-642
Location Unit Letter M ; 330' Feet From The South Line and 330' Feet From The West Line of Section 14 Township 9S Range 32E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, New Mexico 88202					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 14	Twp. 9S	Rge. 32E	Is gas actually connected? Yes	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) X		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod. 10/10/86	Total Depth 11,115		P.B.T.D. N/A					
Elevations (DF, RKB, RT, GR, etc.) 4326' G.L.	Name of Producing Formation Devonian	Top Oil/Gas Pay 11,054		Tubing Depth 9948'					
Perforations 11,055-11060'		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8		400'		425 SX				
11"	8 5/8		3,800'		1100 SX				
7 7/8	5 1/2"		11,115'		125 SX + 285 SX				
	2 7/8"		9,929'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 10/11/86	Date of Test 10/11/86	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS	Tubing Pressure 1500 P.S.I.	Casing Pressure 1500 P. S.I.	Choke Size
Actual Prod. During Test 533. W	Oil-Bbls. 80	Water-Bbls. 533 W	Gas-MCF -0-

GAS WELL

Actual Prod. Test-MCF/D *	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Clay Spence
(Signature)

Field Supervisor
(Title)

1/16/87
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 23 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

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 deviated 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

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JAN 22 1987
OCD
HOBBS OFFICE