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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SPENCE ENERGY CO.		Well API No. 30-025-29969
Address 4849 GREENVILLE AVE. # 381 DALLAS, TEXAS 75206		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name KELLAHIN 14 STATE	Well No. 2	Pool Name, Including Formation wildcat C-FLYING M. (SAN ANDRES)	Kind of Lease State Federal or Fee	Lease No. L.G. 1041
Location Unit Letter P : 330 Feet From The SOUTH Line and 700 Feet From The EAST Line Section 14 Township 9S Range 32E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NAVAGO REFINNING COMPANY	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 159 ARTESIA, N. M. 88201				
Name of Authorized Transporter of Casinghead Gas WARREN PETROLEUM COMPANY	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1589, TULSA, OKLAHOMA 74102				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 14	Twp. 9S	Rge. 32E	Is gas actually connected? YES	When? 1987

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	Date Compl. Ready to Prod. 5-15-90	Total Depth 8930	P.B.T.D. 4970					
Elevations (DF, RKB, RT, GR, etc.) 4336 G.L.	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 4212	Tubing Depth 4350					
Perforations 4212-4232, 4241-4245, 4253	Depth Casing Shoe P/B							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 7/8		1690		800 Sks.			
7 7/8	5 1/2		8960		350 Sks Prim.			
					D.V. Tool @ 4500'			
					125 sks			

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 5-16-90	Date of Test 5-17-90	Producing Method (Flow, pump, gas lift, etc.) Rod Pump.	
Length of Test 24	Tubing Pressure 0	Casing Pressure 0	Choke Size
Actual Prod. During Test 105	Oil - Bbls. 43	Water - Bbls. 62	Gas- MCF 8

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. 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
CLAY SPENCE PROD. MGR.
Printed Name
5-18-90 214 739-0027
Date Telephone No.

OIL CONSERVATION DIVISION
MAY 25 1990

Date Approved

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.

2A S. Alvarez m. Roubal E