

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator SPENCE ENERGY COMPANY	
Address 381 Two Energy Square, 4849 Greenville Ave. Dallas, Texas 75206	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well. <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

show connection date

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kellahin 14 State	Well No. 2	Pool Name, Including Formation South Flying M - Bough	Kind of Lease State, Federal or Fee State	Lease No. LG-1041
Location Unit Letter P ; 330' Feet From The South Line and 700' Feet From The East 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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, N.M. 88210
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 Sec. Twp. Rge. P 14 9S 32E
Is gas actually connected?	When Yes September 21, 1987

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Jerry H. Long
JERRY H. LONG (Signature)
Agent
(Title)
November 18, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN - 4 1988, 19_____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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.

E-logs and Deviation Report previously filed.
Final C-103, C-105 and C-116 attached.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
7/12/87	8/26/87		8964'		8920'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
4336.6' GR	Bough		8903'		8832'				
Perforations						Depth Casing Shoe			
8866' - 8889'									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"	8-5/8"		1690'		800 SX				
7-7/8"	5-1/2"		8960'		475 SX				
	2-7/8"		8832'						

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.	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8/28/87	11/16/87	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hr	NA	Packer	NA
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	80 BO	70 BW	97 MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/10MCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size