

Submit 5 Copies
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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SPENCE ENERGY CO.		Well API No.
Address #381 4849 GREENVILLE AVE. DALLAS, TEXAS 75206		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
PLEASE ADVISE THIS OFFICE.

Lease Name KELLAHIN 14 STATE	Well No. 3	Pool Name, Including Formation S. FLYING M ABO	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. LG 1041
Location Unit Letter I : 1980 Feet From The SOUTH Line and 330 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 NAVAJO REFINING CO.	<input checked="" type="checkbox"/> 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. MEX. 88210				
Name of Authorized Transporter of Casinghead Gas WARREN PETROLEUM CO.	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1589 TULSA, OKLA. 74102				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 14	Twp. 9S	Rge. 32E	Is gas actually connected? YES	When? 2-11-90

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 11-30-89	Date Compl. Ready to Prod. 2-10-90	Total Depth 9000		P.B.T.D. 8475					
Elevations (DF, RKB, RT, GR, etc.) 4338 GL	Name of Producing Formation ABO	Top Oil/Gas Pay 8241		Tubing Depth 8220					
Perforations 8241-8267 ABO					Depth Casing Shoe 8475				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE 16	CASING & TUBING SIZE 13/ 3/8		DEPTH SET 425		SACKS CEMENT Cement to Surface				
10 3/4	8 5/8		1655		800 Sks				
7 7/8	5 1/2		8475		180 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 1-29-90	Date of Test 2-11-90	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 HRS.	Tubing Pressure -8- 30	Casing Pressure 30 0	Choke Size none
Actual Prod. During Test 230	Oil - Bbls. 230	Water - Bbls. -0-	Gas- MCF 110

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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
J. O. SPENCE
Printed Name
J. O. SPENCE
Title
PRESIDENT
Date
2-13-90
Telephone No.
214 7390027

OIL CONSERVATION DIVISION

Date Approved
MAR 02 1990
By
Eddie W. Seay
Title
Oil & Gas Inspector

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.

RECEIVED

FEB 19 1990

OCD
HOBBS OFFICE