

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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 Ph. 214-739-0027

Address 381 Two Energy Square, 4849 Greenville Ave.
Dallas, Texas 75206

Reason(s) for filing (Check proper box)

☒ New Well. ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:

☐ Oil ☐ Dry Gas ☐ Condensate

Other (Please explain)

* REQUEST TEMPORARY ALLOWABLE
Estimated 4000 BO during February testing

If change of ownership give name and address of previous owner

NA

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Kellahin 14 State	3	South Flying M-Abo	State, Federal or Fee State	LG-1041
Location				
Unit Letter <u>I</u> : <u>1980'</u> Feet From The <u>South</u> Line and <u>330'</u> Feet From The <u>East</u>				
Line of Section	Township	Range	NMPM	County
14	9S	32E	Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	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"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Company	P.O. Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>I</u> Sec. <u>14</u> Twp. <u>9S</u> Rge. <u>32E</u>	No

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 W. Long
JERRY W. LONG (Signature)
Agent
(Title)
February 2, 1990
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 05 1990, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 7 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 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.

* Final C-104 will be filed after 24-hour pump test.

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		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
11/30/89	1/29/90		8915'			8465'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
4338.0 GR	Abo		8241'			8220'			
Perforations						Depth Casing Shoe			
8241' - 8267' (Abo)									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	1655'	800
7-7/8"	5-1/2"	8475'	180

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.)	
1/29/90	1/29/90	Swab	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HR	0	PKR	NA
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
140 BO	140 BOPD	0 BWPD	200 MCF

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

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