

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator
CARROLL NEELY

Address
POST OFFICE BOX 912, LOVINGTON, NEW MEXICO 88260

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:			
Recompletion	<input checked="" type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

REQUEST FOR TEST ALLOWABLE 500 BBLs

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name LONE STAR FEDERAL	Well No. 1	Pool Name, including Formation PRAIRIE DEVONIAN SOUTH	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. 29-073669
Location Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East Line of Section 20 Township 8 South Range 36 East , NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Pet. Corp.	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit A Sec 20 Twp. 8 Range 36	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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. 08/03/78		Total Depth 13011		P.B.T.D. 13011			
Elevations (DF, RKB, RT, GR, etc.) RKB 4126.4	Name of Producing Formation DEVONIAN		Top Oil/Gas Pay 12,871		Tubing Depth 12,500			
Perforations 12,871 - 12,945	36 Holes		Depth Casing Shoe 13,011					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
FILED BY JIM HUBER CORP.								

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)

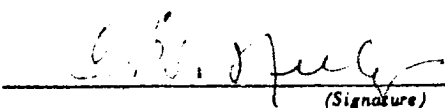
Date First New Oil Run To Tanks 08/03/78	Date of Test 08/04/78	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure 10	Casing Pressure 0	Choke Size - 0 -
Actual Prod. During Test 136	Oil - Bbls. 16	Water - Bbls. 120	Gas - MCF TSTM

GAS WELL

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


(Signature)

10/16/78

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 1 1978**, 19

BY **James J. Huber**

TITLE **SUPERVISOR DISTRICT 1**

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 multiple