

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 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
EP Operating Company

Address
6 Desta Drive, Suite 5250, Midland, Texas 79705-5510

Reason(s) for filing (Check proper box)
☐ New Well
☒ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)

If change of ownership give name and address of previous owner. THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name N. M. (55) Federal	Well No. 1	Pool Name, including Formation Prairie, South (Wolfcamp)	Kind of Lease State, Federal or Fee Federal	Lease No. 0328425
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1930</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>8S</u> Range <u>36E</u> , NMPM, <u>Roosevelt</u> 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"/> Mobil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2080, Dallas, TX 75221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> OXY NGL Inc.	Address (Give address to which approved copy of this form is to be sent) Bluitt Gasoline Plant, Milnesand, NM 88125
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>27</u> Twp. <u>8S</u> Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u> When <u>11/17/70</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

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.

S. D. Reed
(Signature)
Production Superintendent
(Title)
August 11, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'tv.	Diff. Res'tv. X
Date Spudded 12/9/69 Recompl. 6/23/88		Date Compl. Ready to Prod. 7/3/88		Total Depth 9820'		P.B.T.D. 9651'			
Elevations (DF, RKB, RT, GR, etc.) 4083' GR		Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9040'		Tubing Depth 9159'			
Perforations 9040'-92', 2 shots per foot						Depth Casing Shoe 9820'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"		13-3/8"		412'		400 sx. Class H			
11"		8-5/8"		4150'		500 Lite Wate & Incor			
7-7/8"		5-1/2"		9820'		400 sx. Class H			
		2-3/8"		9159'					

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 7/4/88	Date of Test 8/7/88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure 32#	Choke Size --
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls. 35	Gas - MCF 50

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