

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator DeSoto Oil Company

Address 119 N. Colorado, #614, Midland, Texas 79701

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>4/1/83</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Carroll</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Chaveroo, San Andres</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>H</u>	<u>1980</u>	Feet From The <u>N</u> Line and <u>660</u>	Feet From The <u>E</u>	
Line of Section <u>35</u>	Township <u>7-S</u>	Range <u>32-E</u>	<u>NMPM, Roosevelt</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Phillips Petroleum Company-Trucks</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Texas 79762</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Cities Service</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 300, Tulsa, OK 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>35</u>
	Twp. <u>7-S</u>	Rge. <u>32-E</u>
	Is gas actually connected?	when
	<u>NO</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.

Bill Naele
(Signature)

Vice president

(Title)

2-11-1985

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 22 1985, 19 _____

BY ORIGINAL SIGNED BY JERRY CEXTON
DISTRICT 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 X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-22-1985	Date Compl. Ready to Prod. 1-26-1985	Total Depth 4370			P.B.T.D. 4347				
Elevations (DF, RKB, RT, GR, etc.) 4470 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 4193			Tubing Depth 4242				
Perforations 4193-4251 (total 53 holes)						Depth Casing Shoe 4370			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4	8 5/8		335			500			
7 7/8	4 1/2		4370			1370			
	2 3/8								

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 January 26, 1985	Date of Test February 10, 1985	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 35 Barrels	Oil - Bbls. 15	Water - Bbls. 20	Gas - MCF 39

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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FEB 15 1985

FILED FOR TESTING