

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
Kern Co.

Address
3005 N. Big Spring St., Midland, TX 79705

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 6/5/85 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Archer	Well No. 1	Pool Name, Including Formation Chaveroo <i>San Andres</i>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>K</u> ; <u>2050</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u>					
Line of Section <u>17</u> Township <u>7-S</u> Range <u>34-E</u> , NMPM, <u>Roosevelt</u> County					

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)					
Phillips Petroleum Co. - Trucks	4001 Penbrook, Odessa, TX 79762					
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)					
Cities Service Oil & Gas Corp.	P. O. Box 300, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 17	Twp. 7-S	Pge. 34-E	Is gas actually connected? No	When As soon as possible

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'y. <input type="checkbox"/>	Diff. Res'y. <input type="checkbox"/>
Date Spudded 3/18/85	Date Compl. Ready to Prod. 4/1/85		Total Depth 4350'		P.B.T.D. 4307'			
Elevations (DF, RKB, RT, GR, etc.) 4320 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 3373'		Tubing Depth 4120'			
Perforations 4076 to 4254 w/29 shots			Depth Casing Shoe 4350'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
18"	14"	40'	2yd-8sk Mix
12 1/4"	8 5/8"	1800'	775 sx
7 7/8"	5 1/2"	4350'	500 sx
5 1/2"	2 3/8"	4120'	None

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 4/5/85	Date of Test 4/7/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 0 to 200 psig	Casing Pressure 325 psig	Choke Size 28/64"
Actual Prod. During Test 73	Oil-Bbls. 58	Water-Bbls. 15	Gas-MCF 25

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

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.

William P. Kern
(Signature)
Engineer
(Title)
4/16/85
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 19 1985, 19
BY Eddie W. Seay
TITLE Oil & Gas Inspector

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.

RECEIVED

APR 18 1985

MAIL ROOM