

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Petroleum Production Management, Inc.	Well API No. 30-041-20848
Address Suite 200/Sutton Place Bldg. Wichita, Kansas 67202	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> downhole commingled with Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Milnes and also SNC-839	
If change of operator give name and address of previous operator _____	
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 Will 693 Ltd.	Well No. 4	Pool Name, Including Formation Milnes and Abo Vada Penn	Kind of Lease State, Federal or Foreign	Lease No. N.M.-4039-B
Location Unit Letter J : 1830 Feet From The South Line and 1900 Feet From The East Line Section 34 Township 8-S Range 35-E, NMPM, Roosevelt 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	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900 Dallas, Texas 75221					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, Oklahoma 74100					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 34	Twp. 8-S	Rge. 35-E	Is gas actually connected? Yes	When? Approx. June, 1970
If this production is commingled with that from any other lease or pool, give commingling order number:					Administrative Order DHC-839	

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 9-8-90	Date Compl. Ready to Prod. 10-30-90		Total Depth 9810'		P.B.T.D. 9800'			
Elevations (DF, RKB, RT, GR, etc.) 4187' RKB-4174' GL	Name of Producing Formation Abo Vada Penn		Top Oil/Gas Pay 8919'		Tubing Depth 9800'			
Perforations 8949' - 8929' - 8933' - 8943' 9752' - 9762'					Depth Casing Shoe 9810'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		415'		415 sx. circulated			
11"	8 5/8"		4055'		900 sx.			
7 7/8"	5 1/2"		9810'		425 sx.			

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 Tank 8-21-92	Date of Test 9-14-92	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 hours	Tubing Pressure 20#	Casing Pressure 0	Choke Size 2"
Actual Prod. During Test 66	Oil - Bbls. 50	Water - Bbls. 16	Gas - MCF 40

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Gary T. Cothran Dist. Supt.
Printed Name Gary T. Cothran Title
Date 9-14-92 Telephone No. 675-2478

OIL CONSERVATION DIVISION

Date Approved 9-14-92
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.