| STATE OF NEW MEXICO | · · · · | - | Form C-104 Revised 10-1-78 |
|--|---------------------------------------|---|---|
| GY AND MINERALS DEPARTMENT | UIL CONSERVA | TION DIVISION | |
| | <u>е, о, вох</u> | 2088 | |
| DIST NIRUT 10H | SANTA FE, NEW | MEXICO 87501 | |
| F 11. 8 | | | |
| LAND OFFILT | REQUEST FOR | ALLOWABLE | |
| AND | | | |
| AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | |
| FROMATION OFFICE | | | |
| V. H. Westbrook | | | |
| Address | Hobbs, New Mexico 8824 | n | |
| P.O. Box 2264 | Hobbs, New Mexico 8824 | Other (Please esplain) | |
| Feoson(s) for filing (Check proper box) | Change in Transporter of: | Re-Entry | |
| New Well | Oil Dry Gos | | |
| Recompletion Change in Ownership | Casinghead Gas Condent | | |
| | | | |
| If change of ownership give name and address of previous owner | | | |
| | EASE | Kind of Lease | Lease No. |
| DESCRIPTION OF WELL AND I | Well No. Pool Name, Including Fo | Way and Ups State, Federa | I or F Fed USA |
| V.G. Kinahan Federal | #1 Undesignated | P - W-Y - 1/02 | NM-51837 |
| Location | OFeet From The South Line | and 1980Feet From " | rh•East |
| Unit Letter 0 : 66 | JFeet From TheOULTC | | Chaves County |
| 20 точ | mahip 15-S Range | 30-Е , ммрм, | Chaves |
| Line of Section Lo 10w | | S | |
| DESIGNATION OF TRANSPORT | OF OIL AND NATURAL GA | S Address (Give address to which appro | ved copy of this form is to be sent |
| None of Authorized Transporter of On | Permien (Eff. 9 / 1 /87) | P.O.Box 1183 Houston. Address (Give address to which appro | Texas 77001 |
| Permian Corporation | | | 10, Texas 79106 |
| Cabot Corporation | | 7120 I-40 West Amari Is gas actually connected? | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. 0 20 15-S 30-E | Yes | 6/10/85 |
| give location of tanks. | | give commingling order number: | <u>No</u> |
| (this production is commingled will | th that from any other lease or pool, | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res' |
| COMPLETION DATA | Oil Well Gas Well | | |
| Designate Type of Completic | Date Compl. Ready to Prod. | Total Depth | р.в.т.д. 9920 ' |
| Date Spudded 12/20/85 | 4/7/85 | 11157' | Tubing Depth |
| Lievations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay 8040 ' | 8010' |
| GL 3994' | Wolfcamp | | Depth Casing Shoe |
| Perforations 8060' - | . 8070' (1 shot per foot |) | |
| | TUBING, CASING, ANI | D CEMENTING RECORD | SACKS CEMENT |
| HOLE SIZE | CASING & TUBING SIZE | <u>оертн set</u> 477 ' | 600 |
| 17-1/2" | 13-3/8" | 2960' | 800 |
| 11" | <u>8-5/8"</u> 5-1/2" | 11157' | 300 |
| 7-7/8" | | | i to a sevel to or exceed top allo |
| TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be c | after recovery of social volume of load of epth or be for full 24 hours) | l and must be equal to or exceed top allo |
| | able jor this a | Producing Method (Flow, pump, gas | lift, etc.) |
| Dute First New Oll Run To Tanks | Date of Test | | Choke Size |
| | Tubing Pressure | Casing Pressure | Chore bill |
| Length of Test | | Water-Bbls. | Gas - MCF |
| Actual Prod. During Test | Oil-Bbis. | Willer - D.D. | |
| | | | |
| | | | Gravity of Condensate |
| GAS WELL Actual Frod. Tool. MCF/D | Length of Test | Bble. Condensate/MMCF 6 | 65° |
| 94 | 6 Hours | Cosing Pressure (Shut-in) | Choke Size Varied |
| leeling Method (pitot, back pr.) | Tubing Procews (shut-in) 1900 | -0- | |
| 4 point | | OIL CONSERV | TION DIVISION |
| CERTIFICATE OF COMPLIAN | ICE | J | IN 1 8 1985 |
| hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given house is true and complete to the best of my knowledge and belief. | | APPROVED | ED BY JERRY SEXTON |
| | | BYDISTRIC | I SUPERVISOR |
| | | | |
| | | | n compliance with MULE 1104. |
| 11 11 mi > O C | | If this is a request for allowable for a housing of the d' | |
| H. H. W. Brook | | well, this form must be accordance with AULE 111. | |
| (Signature) Ciples at as | | II af this form must be the | |
| (Tille) | | able on new and recomproted | an and Mt for chang |
| 6/13/85 | | Fill out only Sections I well name or number, or transp | orter, or other such change |
| () | Date) | Separate Forms C-104 n | ust be flied for each ; |
| · · | · · · · | romoleted wells. | |



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