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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

Operator: Western Reserves Oil Company		
Address P. O. Box 993, Midland, TX 79702		
Reason(s) for filing (Check proper box)		Other CLARIFICATION GAS MUST NOT BE PLANNED AHEAD UNLESS AN EXCEPTION TO R-4076 IS OBTAINED. 2/22/81
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name RMM	Well No. 2	Pool Name, including Formation Tom-Tom (San Andres)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>0</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>7S</u> Range <u>31E</u> , NMPM, <u>Chaves</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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 29
	Twp. 7S	Rge. 31E
	Is gas actually connected? No	
	When	

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

IV. 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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11/12/80	Date Compl. Ready to Prod. 12/22/80		Total Depth 4003'		P.B.T.D. 3960'			
Elevations (DF, RKB, RT, GR, etc.) 4288.6' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 3752'		Tubing Depth 3896'			
Perforations 3752-64' (13); 3776-78' (3); 3820-24' (5); 3771-73' (3); 3791-93' (3); Total 27 shots					Depth Casing Shoe 4003'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		1348'		700			
7 7/8"	4 1/2" 10.5#		4003'		300			
	2 3/8"		3896'		-			

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 Tanks 12/22/80	Date of Test 12/22/80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure NA	Casing Pressure 20 psi	Choke Size NA
Actual Prod. During Test 68 bbls	Oil-Bbls. 68	Water-Bbls. 0	Gas-MCF 54

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. 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.

Lucy Inanillo
(Signature)

Agent

(Title)

12/30/80

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT

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.