EN	STATE OF NEW MEXICO						Form C-104	1 70
EIN		ATION DIVIS	TION DIVISION		Revised 10-	1-78		
	DISTRIBUTION P. O. BOX 2088 SANTA FE SANTA FE, NEW MEXICO 87501) 1			
	FILE SANTAFE, NEW MEXICO 87301							
	LAND OFFICE REQUEST FOR ALLOWABLE							
	TRANSPORTER OIL AND NATURAL CAS							
I.	OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROMATION OFFICE Operator							
	Petroleum Exploration Company, Inc.							
	Post Office Box 809 Roswell, New Mexico 88201							
	Reason(s) for filing (Check proper box) Other (Please explain) New Well X Change in Transporter of: Approval to flare casinghead gas from							
	Recompletion Oil Dry Gas this well must be obtained from the							
	Change in Ownership Casinghead Gas Condensate Minerals Management Service.							
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.							
								M-06770
	Unit Letter; 1980Feet From The North Line and610Feet From TheEast							
	Line of Section 17 Township 8 South Bange 31 East , NMPM, Chaves County							
a.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					and approved the	. (am is to be	
	Name of Authorized Transporter of Old 🖾 🛛 or Condensate 🗔 Navajo Crude Oil Purchasing Company			Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, New Mexico 88210				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent)				
		Unit Sec.	Twp. Rge.	Is gas actually conne	ected? 'Wh	en		<u></u>
	If well produces oil or liquids, give location of tanks. 17 8-S 31-E			No				
	If this production is commingled with that from any other lease or pool, give commingling order number:							
1V.	COMPLETION DATA	(3/3 1	Weil Gas Weil	New Well Workove	er Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	Designate Type of Completion - (X) XXX Date Soudded Date Compl. Ready to Prod.			Total Depth	I	P.B.T.D.	, 	
	Date Spudded July 20, 1983	August 1, 1983		3857'		3814'		
	Elevations (DF, RKB, RT, GR, etc.)	ns (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Cil/Gas Pay		Tubing Depth 3659.44'		
	4210.4 GR 4220.0 KB San Andres			3691' 3659.44 Depth Casing Sho				
	3691-3750' (22 Shots) TUBING, CASING, AND CEMENTING RECORD							
	TUBING, CASING, AND HOLE SIZE CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT Circul		
	12 1/4"	8 5/8		1128.26'			<u>.100sxs</u> .	
	4 1/2"	7 7/8		3857'		225 sxs.	50/50	pos
						i		
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load cil and must be equal to or exceed top allow able for this depth or be for full 24 hours)							
	OIL WELL Date First New Oil Run To Tanks Date of Test			Producing Method (Flow, pump, gas lift, etc.)				
	August 1, 1983	August 2, 1983		Flow Casing Pressure		Choke Size	<u>. . </u>	
	Length of Teet 24 hours	150 ps				32/64	1	
	Actual Prod. During Test	OII-Bbla.		Water-Bble. Trace		Gae-MCF 347.4	1	
	• • • •	394			<u></u>			
	GAS WELL	This Contraction (10)		Gravity of C	ondenegte			
	Actual Prod. Test-MCF/D	Length of Test		Bbis. Condensate/M	MCF			
	Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)	Casing Pressure (Sh	vt-in)	Choke Size		
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 being the provided of the pr			-	CONSERVAT		ION	
				APPROVED AUG 15 1983				
	bove is true and complete to the best of my knowledge and belief.							
				TITLE				
	Riell K. CA			and it is a request for allowable for a newly drilled or despended				
	(Signatiwe)			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	Vice-President (Title)			All vections of this form must be filled out completely for fllow- able on new and recompleted wells.				
	August 8, 1983			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.				
	(Da	te) " -		Separate Forms C-104 must be filed for each pool in my'tiply completed wells.				

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