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DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMM. ON	Form C-104
SANTA FE	REQUEST FOR ALLOWABLE Supermedon Old C-104 and C-		
FILE	AND Effective 1-1-65		
LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	L GAS
OIL	-		
TRANSPORTER GAS	-		
OPERATOR		•	
PRORATION OFFICE		·	
Operator			
	eum Corporation		
Addiess 207 South 4t	h St., Artesia, NM 88210	•	
Reason(s) for tiling (Check proper box		Other (Please explain)	· · · · · · · · · · · · · · · · · · ·
New Well	Change in Transporter of:		
Recompletion	Oil Dry Ga		
Change in Ownership	Casinghead Gas Conden	sate	
Change of ownership give name			
and address of previous owner		<u> </u>	
DESCRIPTION OF WELL AND	I FACE	•	•
Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Le	Lease No.
Center XI Federal	6 Tomahawk SA	State, Fed	leral or Fee Federal NM 18503
Location			
Unit Letter I ; 231	O Feet From The South Line	e and 330 Feet Fra	om The <u>East</u>
Line of Section To	wnship 8S Range	31E , NMPM,	Chaves County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s	
Name of Authorized Transporter of Oi			proved copy of this form is to be sent)
Navajo Crude Oil Purc		Box 159, Artesia, N	4 88210
Name of Authorized Transporter of Ca	singhead Gas X or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)
Cities Service Oil Co		Box 300, Tulsa, OK	74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When
·	L 1 8s 31e	Yes	7-18-84
f this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty
Designate Type of Completi		X	
Date Epudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-10-84	7-31-84 Name of Producing Formation	4300'	4279' Tubing Depth
Llevations (DF, RKB, RT, GR, etc.) 4407.5 GR	San Andres	Top Oil/Gas Pay 4069'	4200 T
Periorations		1 4005	Depth Casing Shoe
4069-4197			4300'
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4" 7-7/8"	8-5/8"	1656'	600
7-778	4-1/2" 2-3/8"	43001	250
	2-3/8	4200'	
TEST DATA AND REQUEST F	OR ALLOWABLE. (Test must be a	fter recovery of total valume of load	oil and must be equal to or exceed top alic.
OIL WELL	able for this de	pth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga.	a lift, etc.)
7-18-84	7-31-84	Pumping	Choke Size
Longth of Yest	Tubing Pressure 26#	Casing Pressure	2"
24 hrs Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
147	42	105	15
		,	
GAS WELL			
Actual Pred, Test-MCF/D	Length of Test	Bbls. Condet sate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
resting Method (pitos, buck pr.)	toping blessma (SURE-ID)	Cosing Presente (Busc-12)	Choke 5126
CERTIFICATE OF COMPLIAN	CF	OU CONSER	VATION COMMISSION
CERTIFICATE OF COMPLIAN	CE	AUG - 6	
I hereby cortify that the rules and	regulations of the Oil Conservation	APPROVED	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		BY ORIGINAL SIGNED BY JERRY SEXTON	
		DISTRICT I SUPERVISOR	
		TITLEDISTRICT I SUPERVISOR	
//	\		in compliance with RULE 1104.
Ana ante Docklett		If this is a request for allowable for a newly drilled or deaper.	
(Signature)		well, this form must be accome tests taken on the well in so	npanied by a tabulation of the deviation
	n Supervisor	All sections of this form	must be filled out completely for el
(Tule)		able on new and recompleted wells.	
		Fill out only Sections I well name or number, or trans-	I. II. III, and VI for changes of porter, or other such change of condi-
(Date)		11	• • • • • • • • • • • • • • • • • • •

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O.C.D. HOBBS CAPICE