	NO. OF COPIES RECE	IVED	<u></u>
	DISTRIBUTION		
	SANTA FE		
Ī	FILE		
Ī	U.S.G.S.		
	LAND OFFICE		
	TRANSPORTER	OIL	
		GAS	
	OPERATOR		
1	PRORATION OFFICE		
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	NO. OF COPIES RECEIVED				
-	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104	
Γ	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE		AND		
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	5	
-	LAND OFFICE				
	TRANSPORTER GAS				
	OPERATOR				
1.	PRORATION OFFICE				
	John S. Goodrich				
	Address	it 100 Midland Toyas	79705		
	4000 N. Big Spring, S Reason(s) for filing (Check proper box)	uite 109, Midland, Texas	Other (Please explain)		
l	New We!l	Change in Transporter of:			
	Recompletion	Oil Dry Gas	<u>X</u>	·	
İ	Change in Ownership	Casinghead Gas Condens	ate		
Į.	If change of ownership give name				
i	and address of previous owner				
11.	DESCRIPTION OF WELL AND		rmation Kind of Lease	Lease No.	
	Lois Federal	l SE Chaves-Queen	n Gas Area Assoc	r Fee Federal NM-015807	
	Location F . 1650			neWest	
	Unit Letter;;			County	
	Line of Section 4 Too	wnship 13-S Range	31-E , NMPM, Chaves	County	
	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S		
11.	Name of Authorized Transporter of Oil	or Condensate	Address (othe address to minim app		
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas X	Address (Give address to which approve	ed copy of this form is to be sent)	
	Cabot Corporation		7120 I-40 West, Amarillo		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. rige.		2-18-84	
	If this production is commingled wi	th that from any other lease or pool, g	give commingling order number:		
1 V .	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Designate Type of Completi	on – (X) X	X	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		
	5-12-84	12-11-84	2655 Top Oil/Gas Pay	7620 Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		26551	
	4086 RKB	Queen	2583	Depth Casing Shoe	
	Perforations 2582.5' to 2596'			2655'	
	2382.3 to 2396	TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12 1/4"	8 5/8"	377'	250sx of Class "C" +	
		100	0.0551	300 sx of 50/50 poz. +"C	
	7 7/8"	4 1/2"			
		2 3/8"	feer recovery of total volume of load oil a	and must be equal to or exceed top allow-	
V.	TEST DATA AND REQUEST I	able for this de	pth or be jor juli 24 nows)		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)	
				Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	CAC BIET I				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	123	24 hr.	0	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 450#	Casing Pressure (Shut-in) 455#	9/64	
	Meter run			TION COMMISSION	
VI	. CERTIFICATE OF COMPLIA	NUE	MAR 2 7 1985		
I hereby certify that the rules and regulations of the Oil Conservation					
	I hereby certify that the rules and Commission have been complied	with and that the information given	BY BRIGINAL SIGNED BY JERRY SEXTON		
	above is true and complete to t	he best of my knowledge and belief.	DISTRICT I SUPERIOR INC.		
			TITLE		
	1 2 21 1	. 1	This form is to be filed in	compliance with RULE 1104.	

Al Gerdrich
(Signature)
Operator
(Title)
1-22-85
(Date)

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

PECHVEC

MAR 26 1985

