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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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 Lone Star Producing Company	
Address Box 4815, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 N. H. (86) State	Well No. 1	Pool Name, Including Formation Tres Papalotes (Penn) R-4014	Kind of Lease State, Federal or Fee State	Lease No. K-3013
Location Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 33 Township 14-S Range 34-E , NMPM, Lea 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"/> Pan American Petroleum Company - Trucks	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 B	Sec. 33
	Twp. 14-S	Rge. 34-E
	Is gas actually connected? No When	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded May 1, 1970	Date Compl. Ready to Prod. June 7, 1970		Total Depth 10,596'		P.B.T.D. 10,555'			
Elevations (DF, RKB, RT, GR, etc.) 4125' D.F.	Name of Producing Formation Saunders Line		Top Oil/Gas Pay 10,402'		Tubing Depth 10,398'			
Perforations 10,402'-409', 10,447'-460', 10,472'-477', 2 holes per foot					Depth Casing Shoe 10,594'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		415'		450			
11"	8-5/8"		4,557'		500			
7-7/8"	5-1/2"		10,594'		460			
	2-3/8" Tubing		10,398'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 6-7-70 (Test Tank)	Date of Test June 16, 1970	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 425 psi	Casing Pressure Plr.	Choke Size 28/64"
Actual Prod. During Test	Oil - Bbls. 699	Water - Bbls. - 0 -	Gas - MCF 1200

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

C. R. Ramsey
(Signature)
District Production Superintendent
(Title)
June 17, 1970
(Date)

OIL CONSERVATION COMMISSION
JUN 17 1970
APPROVED _____, 19____
BY **J. R. Ramsey**
TITLE _____

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.

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JUN 17 1970

OIL CONSERVATION COMM.
HOBBS, N. M.