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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

I. Operator  
**Kewanee Oil Company**  
Address  
**P. O. Box 3786, Odessa, Texas 79760**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter oil: ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
PLACED AFTER 11/21/75  
UNLESS AN EXEMPTION TO R-4070  
IS OBTAINED.**

If change of ownership give name  
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name **State NM-1** Well No. **1** Pool Name, including Formation **Undesignated** Kind of Lease **XXXXXXX** Lease No. **L-522**  
Location  
Unit Letter **C** **660** Feet From The **North** Line and **1980** Feet From The **West**  
Line of Section **27** Township **14-S** Range **32-E** , N.M.P.M. **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**The Permian Corporation** Address (Give address to which approved copy of this form is to be sent)  
**P. O. box 1183, Houston, Texas 77001**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
**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 **C** Sec. **27** Twp. **14-S** Rge. **32-E** 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
	<input checked="" type="checkbox"/>							
Date Spudded <b>7-20-75</b>	Date Compl. Ready to Prod. <b>9-7-75</b>	Total Depth <b>10,000'</b>	P.B.T.D. <b>9908'</b>					
Elevations (DF, RKB, RT, CR, etc.) <b>4319' GR</b>	Name of Producing Formation <b>Cisco (Bough C)</b>	Top Oil/Gas Pay <b>9786'</b>	Tubing Depth <b>9682'</b>					
Perforations <b>9786'-9792', 9794'-9804', 9815'-9821' with 1 shot per foot</b>			Depth Casing Shoe <b>9982.61'</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/2"</b>	<b>13-3/8"</b>		<b>401'</b>		<b>425</b>			
<b>11"</b>	<b>8-5/8"</b>		<b>4096'</b>		<b>200</b>			
<b>7-7/8"</b>	<b>4-1/2"</b>		<b>9982.61'</b>		<b>270</b>			

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 <b>9-7-75</b>	Date of Test <b>9-11-75</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24</b>	Tubing Pressure <b>250</b>	Casing Pressure <b>Pkr.</b>	Choke Size <b>20/64"</b>
Actual Prod. During Test <b>353.38</b>	Oil-Bbls. <b>353.30</b>	Water-Bbls. <b>None</b>	Gas-MCF <b>401</b>

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.

E. J. Stuckland  
(Signature)  
**District Manager**  
(Title)  
**September 16, 1975**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED John W. Runyan, 19\_\_\_\_  
BY  
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.

## INCLINATION REPORT

OPERATOR KEWANEE Oil Company ADDRESS P. O. Box 3786 - Odessa, Texas 79760LEASE State "NM-1" WELL NO. 1 FIELD LOCATION Section 27, T14S, R32E Lea County, New Mexico

Depth	Angle (Inclination 'degrees)	Displacement	Displacement Accumulated
420	1	7.35	7.35
967	1/2	4.76	12.11
1467	1/2	4.35	16.46
1808	1	5.97	22.43
2302	1	8.65	31.08
2720	3/4	5.48	36.56
3250	1-1/4	11.55	48.11
3420	3/4	2.23	50.34
3793	1/2	3.25	53.59
4013	1	3.85	57.44
4360	1/4	1.53	58.97
4523	3/4	2.14	61.11
4986	1	8.10	69.21
5551	1-1/4	12.32	81.53
5646	3/4	1.24	82.77
6120	1	8.30	91.07
6457	1	5.90	96.97
6848	1	6.84	103.81
7498	1	11.38	115.19
8040	3/4	7.10	122.29
8566	1-1/2	3.78	136.07
9130	1-1/4	2.30	148.37
9795	1-1/4	4.50	162.87
10,000 TD	1	3.59	166.46

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING CORPORATION

By: Walter E. Crockett

Title: VICE-PRESIDENT

## Affidavit:

Before me, the undersigned authority, appeared Walter E. Crockett known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Walter E. Crockett  
(Affiant's Signature)

Sworn and subscribed to in my presence on this the 16<sup>th</sup> day of September

19 75

J. R. Virgin  
Notary Public in and for the County  
of Mallard, State of Texas

Seal

My Commission Expires:

June 1, 1977