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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 Sabine Production Company	
Address 901 Wall Towers East - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name De Soto State	Well No. 2	Pool Name, Including Formation Tulsk Penn	Kind of Lease State, De Soto State	Lease No. L-258
Location				
Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>34</u> Township <u>14-S</u> Range <u>32-E</u> , NMJM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corporation	P. O. Box 67, Monument, New Mexico 88265					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 25	Twp. 14S	Rge. 32E	Is gas actually connected? Yes	When 12-1-78

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 9-22-78	Date Compl. Ready to Prod. 12-8-78		Total Depth 10,000'		P.B.T.D. 9910'			
Elevations (DF, RKB, RT, GR, etc., 4289.9' GR	Name of Producing Formation Pennsylvanian		Top Oil/Gas Pay 9705'		Tubing Depth 9860'			
Perforations 9705-10, 9760-70, 9784-90, 9874-80'					Depth Casing Shoe 10,000'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		400'		450			
11"	8-5/8"		4073'		1625			
7-7/8"	5-1/2"		10,000'		900			

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 12-1-78	Date of Test 1-7-79	Producing Method (Flow, pump, gas lift, etc.) P	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size
Actual Prod. During Test 24	Oil - Bbls. 180	Water - Bbls. 135	Gas - MCF 50

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

I. 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.

Michael G. De Marco
(Signature)

DISTRICT ENGINEER

(Title)

January 8, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT I

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 multiple completed wells.