

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.C.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Walter Oil & Gas Corporation

Address  
240 Main Building, 1212 Main Street, Houston, Texas 77002

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

Other (Please explain) **GAS MUST NOT BE**  
**EXCEPTED TO R-4070**  
**IS OBTAINED.**

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name D.P. Peck Estate	Well No. 1	Pool Name, including Formation Gladiola, <del>SW</del> <i>MA</i>	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter F	1890	Feet From The North	Line and 2105	Feet From The West
Line of Section 26	Township 12S	Range 37E	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"/>	Address (Give address to which approved copy of this form is to be sent)
UPG Falco	P.O. Box 20108, Shreveport, LA 71120
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 Corp.	Box 1589 Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
F 26 12S 37E	No April 15, 1985

If this production is commingled with that from any other lease or pool, give commingling order number: No

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

*Kathleen Trathley*  
(Signature)  
Production Accountant  
(Title)  
March 24, 1985  
(Date)

OIL CONSERVATION DIVISION

MAR 29 1985

APPROVED \_\_\_\_\_, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR

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.

#### V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X		X					
Date Spudded 8-27-84	Date Compl. Ready to Prod. 2-27-85		Total Depth 12,303			P.B.T.D. 9820'			
Elevations (DF, RKB, RT, GR, etc.) 3882.5' G.L.	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9330			Tubing Depth 6380			
Perforations: 9764-72; 9735-52; 9680-9702						Depth Casing Face 9860			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/8	13 3/8	392	100 sx C + Add.
12 1/4	9 5/8	4465	1290 sx H Lite + 200 C
7 7/8	5 1/2	9860	125 sx H Lite + 220 H
	2 7/8	6380	N/A

#### 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 2-27-85	Date of Test 3-16-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure Pumping	Casing Pressure -0-	Choke Size Open
Actual Prod. During Test 17	Oil - Bbls. 17	Water - Bbls. 233	Gas - MCF 20

#### GAS WELL

Actual Prod. Test - MCF/D N/A	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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MAR 23 1985

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