

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							
Date Spudded 8-22-87		Date Compl. Ready to Prod. 11-12-87		Total Depth 10,632			P.B.T.D. 10,560		
Elevations (DF, RKB, RT, GR, etc.) 3998 GR		Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,171			Tubing Depth 10,034		
Perforations 10,129-10,531							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	450	400 sx
12 1/2	9 5/8	6005	350 sx DV 675 sx
8 1/2	7	10,472	500 sx
5 7/8	4 1/2 liner	10,631	85 sx

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 11-16-87	Date of Test 11-20-87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 110	Casing Pressure 0	Choke Size 16/64"
Actual Prod. During Test	Oil-Bbls. 88	Water-Bbls. 0	Gas-MCF 42

GAS WELL

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

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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
KANEB OPERATING COMPANY, LTD.

Address
400 Wilco Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 2-1-88 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Melissa	Well No. 1	Pool Name, including Formation East Morton (Wolfcamp)	Kind of Lease State, Federal or Fee	Lease No. N/A
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>34</u> Township <u>14S</u> Range <u>35 E</u> , NMPM, 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"/> JM Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 2500 Allianz Financial Center 2323 Bryan/Lock Box 185-Dallas, TX 75201
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 Sec. Twp. Rge. Is gas actually connected? When
	0 34 14S 35E No

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

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.

Linda D. Anderson
(Signature)
DIVISION PRODUCTION MANAGER
(Title)
December 4, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 8 1987, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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.