

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Replaces Old C-104 and C-110
Effective 1-1-65

JUN 25 1 26 PM '68
OFFICE O. C. C.

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I.

Operator Seco Production Company	
Address 616 Vaughn Bldg., 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"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "A"	Lease No. NM-0392502	Well No. 1	Pool Name, Including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee Federal
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 24 Township 7-S Range 32-E , NMPM, Roosevelt 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Vented	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 0	Sec. 24	Twp. 7S	Rge. 32E	Is gas actually connected? <input type="checkbox"/>	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 XXX	Gas Well	New Well XXXX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-17-68	Date Compl. Ready to Prod. 5-30-68		Total Depth 4430		P.B.T.D. 4385			
Elevations (DF, RKB, RT, GR, etc.) 4436 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 4122		Tubing Depth			
Perforations 3/8" holes at 4122, 28, 38, 51, 88, 95, 4208, 29, 37, 42, 59, 4315, 22, 34, 48, 54. 17 holes 4122' to 4354'					Depth Casing Shoe 4430			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-5/8" 11"	8-5/8" 24#		362'		250 sx Reg. w/2% CC Circulated			
7-7/8"	4-1/2" 9.5#		4430'		150 sx Incor w/2% Gal w/10# Salt per sx			

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)

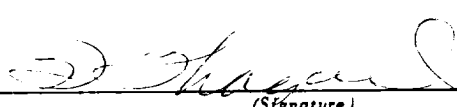
Date First New Oil Run To Tanks 6-2-68	Date of Test 6-17-68	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 80 to 200	Casing Pressure 600	Choke Size 1/2"
Actual Prod. During Test	Oil-Bbls. 62	Water-Bbls. 8	Gas-MCF 47.3

GAS WELL

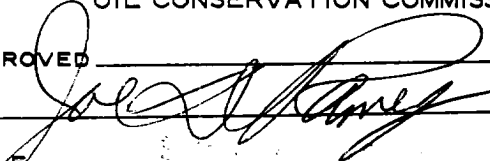
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.


(Signature)
T. F. Thagard, President
(Title)
June 24, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 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.