

DISTRIBUTION			
SANTA FE			
FILE			
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-
Effective 1-1-65

I. Operator V-F Petroleum Inc.
Address 1212 Vaughn Building, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Change name of Operator from V-F Petroleum to V-F Petroleum Inc.

If change of ownership give name and address of previous owner V. F. Vasicek and J. M. Fullinwider dba V-F Petroleum

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Danglade Gas Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Townsend (Morrow)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>J</u> ; <u>1,980</u> Feet From The <u>East</u> Line and <u>1,980</u> Feet From The <u>South</u> Line of Section <u>15</u> Township <u>16-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Texas-New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Northern Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>401 Wall Towers West, Midland, Tex. 79701</u>
If well produces oil or liquids, give location of tanks. Unit <u>J</u> Sec. <u>15</u> Twp. <u>16-S</u> Rge. <u>35-E</u>	Is gas actually connected? <u>Yes</u> When <u>March 16, 1972</u>

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'v.	Diff. Res'v.
		<u>X</u>		<u>X</u>				<u>X</u>
Date Spudded <u>11-17-71</u>	Date Compl. Ready to Prod. <u>1-4-72</u>	Total Depth <u>12,978'</u>	P.B.T.D. <u>11,472'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3987 GL</u>	Name of Producing Formation <u>Atoka Sand</u>	Top Oil/Gas Pay <u>11,416'</u>	Tubing Depth <u>11,330'</u>					
Perforations <u>11,417-11,435'</u>			Depth Casing Shoe <u>12,978'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17-1/4"</u>	<u>13-3/8"</u>	<u>325'</u>	<u>350</u>					
<u>12-1/4"</u>	<u>9-5/8"</u>	<u>4,710'</u>	<u>2,000</u>					
<u>8-3/4"</u>	<u>7"</u>	<u>12,978'</u>	<u>500</u>					
	<u>2-3/8"</u>	<u>11,330</u>	<u>on Packer</u>					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.

J. M. Fullinwider Vice President
(Signature)
(Title)
October 2, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 26 1972, 19____
BY Joe D. Roper Orig. Signed by
TITLE SUPERVISOR DIST. 1, Sup.

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 deviated 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 in well name or number, or transporter, or other such change.

RECEIVED

OCT 3 1972

OIL CONSERVATION COMM.
HOBBS, N. M.