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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Nov 3 11 44 AM '65

Operator McAlester Fuel Company	
Address Post Office Box 210, Magnolia, Arkansas	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. M. Denton A	Well No. 1	Pool Name, Including Formation Denton Wolfcamp	Kind of Lease State, Federal or Fee Fee
Location Unit Letter 0 ; 660 Feet From The South Line and 1,980 Feet From The East			
Line of Section 11 , Township 15S 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"/> Service Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 337, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Atlantic Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 696, Lovington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 11	Twp. 15S	Rge. 37E	Is gas actually connected? Yes	When 1952

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 X	Gas Well	New Well	Workover	Deepen.	Plug Back X	Same Res'v. X	Diff. Res'v. X
Date Spudded Workover started 10-6-65	Date Compl. Ready to Prod. 10-22-65		Total Depth 11,467'		P.B.T.D. 9,536'			
Pool Denton	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9,490'		Tubing Depth 9,355'			
Perforations 9,490'to 9,530'					Depth Casing Shoe 11,467'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		334		350			
12-1/4"	9-5/8"		4,655		1,500			
8-5/8"	5-1/2"		11,467		1,100			

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)

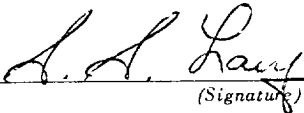
Date First New Oil Run To Tanks 10-16-65	Date of Test 10-31-65	Producing Method (Flow, pump, gas lift, etc.) Pump 120LS 7SPM	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size 2"
Actual Prod. During Test 135 Bbls. Fluid	Oil - Bbls. 44	Water - Bbls. 91	Gas - MCF Small

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)

Chief Engineer

(Title)

11-1-65

(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 Sections I, II, III, and VI only 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.