

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Azusa, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator W. A. Moncrief, Jr.		Well API No. 30-025-25541
Address 400 Metro Bldg. Midland, Texas 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator		
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate		
Casinghead Gas MUST NOT BE FLARED AFTER <u>9-6-90</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.		
If change of operator give name and address of previous operator		
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "8"	Well No. 1	Pool Name, including Formation Hume - Wolfcamp	Kind of Lease State, Federal or Fee	Lease No. L-6721
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>8</u> Township <u>16S</u> Range <u>34E</u> , <u>NMPM</u> Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil J.M. Petroleum	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 2500 Allianz Financial Ctr.-Dallas, TX 75201	
Name of Authorized Transporter of Casinghead Gas Conoco, Inc.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P O Box 2197, Houston, TX 77252	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 8	Twp. 16S
		Rge. 34E	
		Is gas actually connected? No	When? ASAP

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 X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 5-22-77	Date Compl. Ready to Prod.		Total Depth 14,144		P.B.T.D. 13,700			
Elevations (DF, RKB, RT, GR, etc.) 4135 gd, 4154 KB	Name of Producing Formation Wolfcamp lime		Top Oil/Gas Pay 9966		Tubing Depth 9766			
Performances 9966'-76' and 10,008'-10,020'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 16	CASING & TUBING SIZE 13 3/8" 48#		DEPTH SET 381		SACKS CEMENT 400 sx class "C"			
11 1/2	8 5/8"		4,475		1750 sx			
7 7/8	5 1/2"		14,144		1130 sx in 3 stages			
	2 7/8"							

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 Tank 7-6-90	Date of Test 7-11-90	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs	Tubing Pressure 300	Casing Pressure packer	Choke Size 24/64
Actual Prod. During Test 331 BO + 373 MCFG	Oil - Bbls. 331 BO	Water - Bbls. 0	Gas - MCF 373

GAS WELL

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Dewey E. Thornton
Signature
Dewey E. Thornton Exploration Mgr.
Printed Name
7-16-90
Date
915/682-1762
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 1990
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

CCF
HQBSS OFFICE