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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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-1  
Effective 1-1-65

I. Operator W. A. Moncrief, Jr.

Address Moncrief Building, Ninth at Commerce, Fort Worth, Texas 76102

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

**THIS WELL HAS BEEN PLACED IN THE POOL**  
**DESIGNATED BELOW. IF YOU DO NOT CONCUR**  
**PLEASE FILE THIS DECLARATION**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	County	State	Lease No.
<u>Phillips State</u>	<u>1-Y</u>	<u>Kemnitz Cisco</u>	<u>R-6170</u>	<u>State</u>	<u>E 1186</u>
Location					
Unit Letter	<u>I</u>	<u>1675</u> Feet From The	<u>south</u> Line and	<u>625</u> Feet From The	<u>east</u>
Line of Section	<u>8</u>	Township	<u>16S</u>	Range	<u>34E</u>
				N.M.S.M.	Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>The Permian Corporation</u>	<u>Box 1183, Houston, Texas 77001</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Northern Natural Gas</u>	<u>2223 Dodge Street, Omaha, Nebraska 68102</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>I</u>	<u>8</u>	<u>16S</u>	<u>34E</u>	<u>Yes</u>	<u>10-20-78</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't.	Diff. Res't.
<u>X</u>	<u>X</u>					<u>X</u>		<u>X</u>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>2-03-78</u>	<u>8-16-79</u>		<u>14,130'</u>		<u>10,885' GLM</u>			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth			
<u>4129 Gd, 4148 KB</u>	<u>Cisco</u>		<u>10,763 GLM</u>		<u>10,711'</u>			
Perforations					Depth Casing Shoe			
<u>10,763-10,775 GLM</u>					<u>14,107'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13-3/8"</u>		<u>391'</u>		<u>420 class "C"</u>			
<u>11 1/2"</u>	<u>8-5/8"</u>		<u>4500'</u>		<u>1700</u>			
<u>7-7/8"</u>	<u>5 1/2"</u>		<u>14,107'</u>		<u>1075 in 3 stages</u>			
	<u>2-7/8"</u>		<u>10,711'</u>					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>8-16-79</u>	<u>8-17-79</u>	<u>Flow</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hours</u>	<u>600#</u>	<u>Packer</u>	<u>14/64"</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>231</u>	<u>231</u>	<u>0</u>	<u>355</u>

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.

Dewey E. Tharston  
(Signature)

Exploration Manager  
(Title)

8-20-79

(Date)

OIL CONSERVATION COMMISSION

APPROVED

AUG 23 1979

BY

Dewey E. Tharston  
TITLE SUPERVISOR DISTRICT I

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 all wells 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 multiple completed wells.

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AUG 22 1979  
O.C.D. HOBBS, OFFICE