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TRANSPORTER	OIL	
	GAS	
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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-110
Effective 1-1-65

Operator Herndon Oil & Gas Co.		CANCELED GAS LEASE NOT OIL 12/29/79	
Address P. O. Box 489 Tulsa, OK 74101			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Temporary allowable was requested on 9-21-79. Basin, Inc. was named on that request.	
Recompletion <input type="checkbox"/>	Oil <input checked="" 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 O. A. Woody	Well No. 1	Pool Name, including Formation Knowles Devonian	Kind of Lease State, Federal or Fee Fee	Lease No. ---
Location Unit Letter E ; 2310 Feet From The North Line and 330 Feet From The West				
Line of Section 35 Township 16S Range 38E , 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"/> Koch Oil Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558 - Breckenridge, TX 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 E	Sec. 35	Twp. 16S	Rge. 38E	Is gas actually connected? No	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-11-79	Date Compl. Ready to Prod. 10-26-79		Total Depth 12,428'		P.B.T.D. 12,428'			
Elevations (DF, RKB, RT, GR, etc.) 3694' G.L. - 3710' K.B.	Name of Producing Formation Devonian		Top Oil/Gas Pay 12,408 (Oil)		Tubing Depth 12,374'			
Perforations O. H. 12,408'-12,428'					Depth Casing Shoe 12,408'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13 3/8", 48# Csg.		370'		400			
11"	8 5/8", 32# Csg.		4805'		1200			
7 7/8"	5 1/2", 17 & 20# Csg.		12408'		1000			
---	2 3/8", 4.7# Tbg.		12374'		---			

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 10-20-79	Date of Test 10-28-79	Producing Method (Flow, pump, gas lift, etc.) Pump - hydraulic	
Length of Test 24 hours	Tubing Pressure 2300 PSI	Casing Pressure Packer	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 127.46	Water-Bbls. 5.53	Gas-MCF 80

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. 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.

Michael J. De Marco
(Signature)

Consulting Engineer

(Title)

October 30, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY John W. Runyan

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.