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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-1,
Effective 1-1-65

I.

Operator HOLLY ENERGY, INC.		
Address 2001 Bryan Tower, Suite 2680, Dallas, Texas 75201		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of:	Casinghead Gas MUST NOT BE EXCEPTED FROM R-4075 AND AN EXCEPTION TO R-4075 IS OBTAINED.
Recompletion <input 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"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pogo State	Well No. 1	Pool Name, Including Formation Wildcat, Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. L-3552
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>19</u> Township <u>16S</u> Range <u>33E</u> , N.M.P.M., <u>Lea</u> 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"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 2197, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>19</u>
	Twp. <u>16S</u>	Pge. <u>33E</u>
	Is gas actually connected? <u>No</u>	
	When <u>Approx. 1-1-80</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: None

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>9-13-79</u>	Date Compl. Ready to Prod. <u>11-2-79</u>		Total Depth <u>11,550'</u>		P.B.T.D. <u>11,526'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4243 GR, 4258 RKB</u>	Name of Producing Formation <u>Wolfcamp</u>		Top Oil/Gas Pay <u>11,440'</u>		Tubing Depth <u>11,400'</u>			
Perforations <u>11,440-11,468</u>					Depth Casing Shoe <u>11,550'</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>431'</u>	<u>400 Class C</u>
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>4450'</u>	<u>1500 C1 H; 200 C1 C</u>
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>11,550'</u>	<u>500 50-50 Poz</u>
<u>7-7/8"</u>	<u>2-3/8"</u>	<u>11,400'</u>	<u>-</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 <u>11-2-79</u>	Date of Test <u>12-1-79</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hr.</u>	Tubing Pressure <u>660#</u>	Casing Pressure <u>Sealed</u>	Choke Size <u>10/64"</u>
Actual Prod. During Test <u>209</u>	Oil-Bbls. <u>209</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>261</u>

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. 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.

Edward M. Boutner
(Signature)
Chief Reservoir & Evaluation Engineer
(Title)
12/26/79
(Date)

OIL CONSERVATION COMMISSION
APPROVED DEC 31 1979, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen 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 multi-completed wells.