

DISTRIBUTION			
ANTAF E			
FILE			
J.S.G.S.			
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

V-F Petroleum Inc.

Address

One Marienfeld Place, Suite 580, Midland, Texas - 79701

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 4-10-88
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner

Exxon Corporation, P. O. Box 1600, Midland, Texas 79702

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

Exxon State

1

Vacuum Wolfcamp NE

Kind of Lease

State, Federal or Fee State

Lease No.

A-1320

Location

Unit Letter E

1980

Feet From The north

Line and

660

Feet From The

west

Line of Section

33

Township

16S

Range

35E

NMPM,

Lea

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒

or Condensate ☐

Lantern Petroleum Corp.

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 2281, Midland, Texas 79702

Name of Authorized Transporter of Casinghead Gas ☐

or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)

Pending on Contract Negotiation

If well produces oil or liquids,
give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

E

33

16S

35E

WO Contract

March 1988

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 Resrv.	Diff. Resrv.
		X			X				
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
1-11-88	2-10-88		11,201'		11,029'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3997' GL	Wolfcamp		10,770'		10,697'				
Perforations				Depth Casing Shoe					
10,790-10,807' 15 holes		see amended C-104 filed 5-31-88		11,195'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"		13-3/8"		470'		740 sx.			
12-1/4"		8-5/8"		5020'		2450 sx.			
7-7/8"		5-1/2"		11195'		865 sx.			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-10-88	2-11-88	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr.	480#	0	10/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	88	11	114

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.

Karen Cajacob

Karen Cajacob

Staff Engineer

(Title)

February 16, 1988

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 19 1988, 19

BY Orig. Signed by
Paul Kautz
Geologist

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 multiple