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U.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-110
Effective 1-1-65

Operator Texas Crude, Inc.	
Address P. O. Box 2359 Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please specify)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 8/26/82 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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
NOTIFY THIS OFFICE

R-7076 (10-1-82)

II. DESCRIPTION OF WELL AND LEASE

Lease Name MONTIETH 20	Well No. 1	Pool Name, Including Formation Lovington Penn (Northeast)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter F 1980' Feet From The North Line and 2130 Feet From The West				
Line of Section 20 Township 16-S Range 37-E, 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"/>	Address (Give address to which approved copy of this form is to be sent)
Clayco, Inc.	200 Blanks Bldg., Midland, Texas 79701
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)
None-contract being negotiated	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
F 20 16 37	No Contract Being Negotiated

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 <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 5-6-82	Date Compl. Ready to Prod. 6-26-82	Total Depth 11,490	P.B.T.D. 11,448					
Elevations (DF, RKB, RT, GR, etc.) 3819' Gr.	Name of Producing Formation Strawn II	Top Oil/Gas Pay 11,228	Tubing Depth 11,173					
Perforations 11,245'-11,386'			Depth Casing Shoe 11,489					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	12 3/4"	444	500 Cl. "C"					
11"	8 5/8"	4,318	1000 Hal. Lite+300 Cl. "C"					
7 7/8"	5 1/2"	11,490	465 Cl. "H"					
-	2 7/8"	11,173	-					

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 6-26-82	Date of Test 6-28-82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 125#	Casing Pressure 0#	Choke Size 32/64"
Actual Prod. During Test	Oil-Bbls. 216	Water-Bbls. 0	Gas-MCF 358

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.

Manager, Drilling-Production

June 29, 1982

OIL CONSERVATION COMMISSION

APPROVED JUN 30 1982
ORIGINAL SIGNED BY
BY JERRY SEXTON
TITLE DISTRICT SUPERVISOR

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.

RECEIVED

JUN 30 1982

O.C.D.
HOBBS OFFICE