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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-11
Effective 1-1-65

Operator Charles B. Gillespie, Jr.	
Address P.O. Box 8 Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Natural Gas <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Snyder C	Lease No. 2	Well No. Pool Name, including formation Townsend Wolfcamp	Kind of Lease State, Federal or Fee Fee
Location Unit Letter G Section 2336 Feet from The North Line and 1980 Feet from The East Line of Section 6 Township 16S Range 36E Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks. Unit Sect. Twp. Range I 6 16S 36E	When Yes unknown

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X) X	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tn <input type="checkbox"/> Diff. Res'tn <input type="checkbox"/>		
Date Spudded 1-10-82	Date Compl. Ready to Prod. 5-5-82	Total Depth 10749'	P.B.T.D. 10719'
Elevations (DF, RKB, RT, GR, etc.) 3955 GR	Name of Producing Formation Wolfcamp	Top Oil Gas Pay 10695'	Tubing Length 10749'
Perforations 10695-701, 10707-719			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13 3/8" - 48#	DEPTH SET 358'	SACKS CEMENT 400 sacks circulated
11"	8 5/8" - 24 & 32#	4602'	1750 sacks circulated
7 7/8"	5 1/2" - 17#	4384 - 10749'	750 sacks on bottom
	2 3/8"	10706'	200 sacks on top

VI. 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 5-6-82	Date of Test 5-12-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 42	Water-Bbls. 20	Gas-MCF 50

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Charles B. Gillespie, Jr. *(Signature)*
Operator
5/14/82 *(Date)*

OIL CONSERVATION COMMISSION

MAY 19 1982

APPROVED _____, 19____
BY _____
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.