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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.		Operator	Well API No.
		W. A. MONCRIEF, JR.	
Address			
MONCRIEF BUILDING, NINTH @ COMMERCE, FORT WORTH, TEXAS 76102			
Reason(s) for Filing (Check proper box)			
<input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of:			
<input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> CHANGE EFFECTIVE 1-1-91			
<input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>			

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
YATES STATE	1	LOVINGTON PENN, NORTHEAST		V-0119
Location				
Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line				
Section 30 Township 16S Range 37E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
NAVAJO REFINING CO.	<input checked="" type="checkbox"/>	BOX 159, ARTESIA, NM 88210				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
PHILLIPS 66 NATURAL GAS CO.	<input checked="" type="checkbox"/>	830-M PLAZA OFFICE BLDG., BARTLESVILLE, OK.				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	G	1980	16S	37E	YES	10-10-83

If this production is commingled with that from any other lease or pool, give commingling order number: DHC 406

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Patsy Holcomb
Printed Name PATSY HOLCOMB AGENT
Date 12-17-90 Telephone No. 817 336-7232

OIL CONSERVATION DIVISION

DEC 19 1990

Date Approved
By Paul Kautz
Title Geologist

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.