

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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

I. Operator
Great Western Drilling Company
Address
P.O. Box 1659, Midland, TX 79702
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 3/1/83
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

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.
4-1-83

II. DESCRIPTION OF WELL AND LEASE

Lease Name Glenn Cleveland	Well No. 1	Pool Name, Including Formation Morton-Wolfcamp R-7248	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter 0 : 660 Feet From The South Line and 1,980 Feet From The East Line of Section 7 Township 15-S Range 35-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"/> Permian Corporation, The	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3179, Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 7	Twp. 15-S	Rge. 35-E	Is gas actually connected? No	When In 20 days

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 9-10-82	Date Compl. Ready to Prod. 12-23-82	Total Depth 13,036'		P.B.T.D. 11,883'					
Elevations (DF, RKB, RT, CR, etc.) 4,052.6' RKB	Name of Producing Formation Bough "C" & "D"		Top Oil/Gas Pay 10,392		Tubing Depth 10,253'				
Perforations Bough "C": 10,392'-10,426'. Bough "D" 10,510'-10,515'					Depth Casing Shoe 13,026.70'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8", 48#		450' KBM		455				
12 1/4"	9 5/8", 36 & 40#		4,644 KBM		600				
7 7/8"	5 1/2", 17 & 20#		12,877.88' KBM		2,025				
7 7/8"	4", 12.93# (Liner)		13,026.70' KBM, 60 Sxs. (2 3/8" OD, 10 253')						

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)

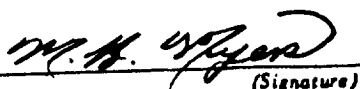
Date First New Oil Run To Tanks 12-7-82	Date of Test 12-23-82	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 12 hrs.	Tubing Pressure 190 psi	Casing Pressure Pkr.	Choke Size 36/64"
Actual Prod. During Test 264	Oil-Bbls. 198	Water-Bbls. 66	Gas-MCF 221

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.


(Signature)

Ass't to Gen. Supt.
(Title)

1-21-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED
ORIGINAL SIGNED BY
EDDIE W. SEAY
BY
TITLE OIL & GAS INSPECTOR

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

JAN 24 1961

O.C.O.
HOBBS OFFICE