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| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| IRANSPORTER | OIL | | |
| IRANSPORTER | GAS | | |
| OPERATOR | | | |
| PRORATION OF | | <u> </u> | |
| Operator Joh | n L. | Со | X |
| Address | | | |
| P. | O. B | ХC | 22 |
| Reason(s) for filing | (Check p | roper | box |

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

| L | SANTA FE | REQUEST I | FOR ALLOWABLE | Supersedes Old C-104 and C-110 Effective 1-1-65 | | |
|---|---|---|--|--|--|--|
| - | FILE | - | AND | | | |
| } | U.S.G.S. | _ AUTHORIZATION TO TRA | NSPORT OIL AND NATURAL O | SAS | | |
| - | LAND OFFICE | _ | | | | |
| | TRANSPORTER GAS | - | | | | |
| ŀ | OPERATOR | - | | | | |
| 1. | PRORATION OFFICE | | | | | |
| | John L. Cox | | | | | |
| Address | | | | | | |
| | Reason(s) for filing (Check proper bo | 217, Midland, Texas 79 | Other (Please explain) | | | |
| | New Well | Change in Transporter of: | | | | |
| | Recompletion | Oil Dry Gas | s 🔲 | | | |
| | Change in Ownership | Casinghead Gas Conden | sate | | | |
| | If change of ownership give name | | | | | |
| | and address of previous owner | | | | | |
| 11 | DESCRIPTION OF WELL ANI | TEASE | | | | |
| 11. | Lease Name | Well No. Pool Name, Including Fo | | Lease No. | | |
| | Meyers | 4 Lovington (| Paddock) State, Federa | or Fee Fee | | |
| | Location | 60 Haat | 510 | South | | |
| | Unit Letter ; 6 | 60 Feet From The West Line | e and 510 Feet From | The South | | |
| | 33 | ownship 16-S Range | 37-E , NMPM, I | ea County | | |
| | Line of Section T | ownship | | | | |
| III. | DESIGNATION OF TRANSPO | RTER OF OIL AND NATURAL GA | S | | | |
| | Name of Authorized Transporter of C | | Address (Give address to which appro Box 300, Tulsa, Ok. | · · | | |
| | Cities Service O | | Address (Give address to which appro | ved copy of this form is to be sent) | | |
| | Phillips 66 Natu | | 346 HSL Bldg.Bartle | | | |
| | If well produces oil or liquids, | Unit Sec. Twp. P.ge. | Is gas actually connected? Wh | en | | |
| | give location of tanks. | E 33 16-S 37-E | Yes | 8-26-64 | | |
| | If this production is commingled v | with that from any other lease or pool, | give commingling order number: | | | |
| IV. | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | |
| | Designate Type of Complet | $x_{ion} = (X)$ | X | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| | 5-20-86 | 6-20-86 | 11,300' | 8510' | | |
| | Elevations (DF, RKB, RT, GR, etc.) | | Top Oil/Gas Pay 6253 | Tubing Depth 6203 * | | |
| | 3783.7' GR | Paddock | 6233 | Depth Casing Shoe | | |
| | 6253-6310' w/16 | holes | 8830' | | | |
| | | | CEMENTING RECORD | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| | 17-1/2" | 13-3/8" | 411' | 450 sx | | |
| | 11" | 8-5/8" | 4200 ' 8830 ' | 1850 sx 1400 sx | | |
| | 7-7/8'' | 4-1/2" | 8830 | 1400 5X | | |
| | THE PROVINCE | FOR ALLOWARIE (Test must be a | feer recovery of total volume of load oil | and must be equal to or exceed top allow- | | |
| V. | TEST DATA AND REQUEST FOR ALLOWABLE (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) DIL WELL Producing Method (Flow, pump, gas lift, etc.) | | | | | |
| | Date First New Oil Run To Tanks | Date of Test 6-29-86 | Producing Method (Flow, pump, gas Pumping | iji, e.c., | | |
| | 6-20-86 | Tubing Pressure | Casing Pressure | Choke Size | | |
| | Length of Test 24 hrs | | | | | |
| | Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF | | |
| | 27 | 27 | 5 . | 19 | | |
| | | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | |
| | Actual Ploa. 1001 Mol. / D | | | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (Shut-in) | Choke Size | | |
| | | | | | | |
| VI. | CERTIFICATE OF COMPLIA | INCE | 11 | ATION COMMISSION | | |
| | | | APPROVED JUL 7 | 1986 | | |
| 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. | | BY ORIGINAL SIGNED BY JERRY SEXTON | | | |
| | | | TITLE DISTRICT IS | UPERVISOR | | |
| | 1 | al · | This form is to be filed in | compliance with RULE 1104. | | |
| | Murch | Mutulal | | mable for a newly drilled or deepened | | |
| | | | well, this form must be accomp tests taken on the well in acc | THE CONTRACTOR OF THE CALIFICATION | | |
| | Martha Wittenhach | Production Mar | | he filled out completely for allow | | |

(Title)

(Date)

7/2/86

All sections of this form must be filled out completely for all able 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.

