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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

| | | |
|---|--|-------------------------------------|
| Operator <u>W.A. Moncrieff Jr</u> | | Well API No. <u>30-025-30554</u> |
| Address <u>Moncrieff Bldg. 9th at Commerce Ft Worth Tex 76102</u> | | |
| 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 type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |
| CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>8-1-89</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED. | | |
| If change of operator give name and address of previous operator _____ | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|--|--|----------------------------|
| Lease Name <u>YATES STATE</u> | Well No. <u>2</u> | Pool Name, including Formation <u>FLORINGTON PENN, SEPTON</u> | Kind of Lease <u>State</u> Federal or Fee | Lease No. <u>V-0119</u> |
| Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>510</u> Feet From The <u>E</u> Line Section <u>30</u> Township <u>16S</u> Range <u>37 E</u> , NMPM, <u>LEA</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|--|--------------------|------------------|---|-------|
| Name of Authorized Transporter of Oil <u>J.M. PETROLEUM CORP.</u> | or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | |
| Name of Authorized Transporter of Casinghead Gas <u>PHILLIPS OIL & NATURAL GAS CO.</u> | or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | |
| If well produces oil or liquids, give location of tanks. | Unit <u>30</u> | Sec. <u>16S</u> | Twp. <u>37E</u> | Rge. <u>N</u> | Is gas actually connected? <u>No</u> | When? |

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 | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded <u>4-2-89</u> | Date Compl. Ready to Prod. <u>5-20-89</u> | | Total Depth <u>11,300</u> | | P.B.T.D. <u>11267</u> | | | |
| Elevations (DF, RKB, RT, GR, etc.) <u>3817 GL, 3830 KB</u> | Name of Producing Formation <u>STRAWN</u> | | Top Oil/Gas Pay <u>11,086</u> | | Tubing Depth <u>8006</u> | | | |
| Perforations <u>11,145 - 11,212</u> | | | | | Depth Casing Shoe <u>11,300</u> | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| <u>17 1/2"</u> | <u>13 3/8"</u> | | <u>450</u> | | <u>475 sacks class "C"</u> | | | |
| <u>11"</u> | <u>8 5/8"</u> | | <u>4220</u> | | <u>1850 sacks 100 lb. 200 lb. H</u> | | | |
| <u>7 7/8"</u> | <u>5 1/2"</u> | | <u>11,300</u> | | <u>350 sacks 50/50 portland</u> | | | |
| | | | | | <u>u. 5% C.F.R.-3</u> | | | |

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 <u>5-4-89</u> | Date of Test <u>5-25-89</u> | Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u> | |
| Length of Test <u>24 hr</u> | Tubing Pressure | Casing Pressure <u>20"</u> | Choke Size <u>OPEN</u> |
| Actual Prod. During Test | Oil - Bbls. <u>88</u> | Water - Bbls. <u>0</u> | Gas - MCF <u>144</u> |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (prior, 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

Printed Name

Date

RANISY CARWILE Prop. Foreman

817-599-5480

Telephone No.

OIL CONSERVATION DIVISION

JUN 5 1989

Date Approved

By

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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.

JUN 15 1990

THE FOLLOWING INFORMATION IS FOR YOUR INFORMATION ONLY. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE.

JUN 15 1990
OCD
HQBBS OFFICE