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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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator W. A. Moncrief, Jr.		Well API No. 30-025-30832
Address 400 Metro Bldg., Midland, Texas 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <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 _____ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "8"	Well No. 3	Pool Name, Including Formation Hume Atoka	Kind of Lease State, Federal or Fee	Lease No. L-6721
Location Unit Letter D : 990 Feet From The North Line and 990 Feet From The West Line Section 8 Township 16S Range 34E , 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"/> J.M. Petroleum	Address (Give address to which approved copy of this form is to be sent) Lck bx 185 2500 Allianz Financial Ctr. Dallas, TX 75201					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Conoco, Inc	Address (Give address to which approved copy of this form is to be sent) P O Box 2197, Houston, TX 77252					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 8	Twp. 16	Rga. 34	Is gas actually connected? no	When ? ASAP

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 4-27-90	Date Compl. Ready to Prod. 7-5-90		Total Depth 12,830		P.B.T.D. 12,754			
Elevations (DF, RKB, RT, GR, etc.) 4160.1 KB 4142.1 GD	Name of Producing Formation Atoka		Top Oil/Gas Pay 12,416		Tubing Depth 12,185			
Perforations 12,418'-12,432'					Depth Casing Shoe 12,830'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8" 68# J-55		427'		425 PREM			
11	8 5/8" 32# J-55		4,475'		1600 lite + 200 PREM			
7 7/8	5 1/2" 17 & 20#		12,830'		900 sx 50-50 poz + 2%			
5 1/2	2 7/8" 6.5#		12,185'					

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 173	Length of Test 4 hrs	Bbls. Condensate/MMCF 17.35	Gravity of Condensate 56.8°
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 2775#	Casing Pressure (Shut-in) apcker	Choke Size 9/64 to 18/64

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 Dewey E. Thornton
Printed Name Dewey E. Thornton Title _____
Date 7-16-90 Telephone No. 915/682-1762

OIL CONSERVATION DIVISION

Date Approved 08/02/90
By Drig. Signed 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.