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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 Charles B. Gillespie, Jr.		Well API No. 30-025-31646
Address P. O. Box 8 Midland, TX 79702		
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"/>	CONFIDENTIAL
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 Speight Fee	Well No. 1	Pool Name, Including Formation Wildcat - Strawn	Kind of Lease State, Federal or Fee	Lease No. -----
Location Unit Letter C : 660 Feet From The North Line and 2310 Feet From The West Line Section 1 Township 16-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"/> Amoco Pipeline ICT	Address (Give address to which approved copy of this form is to be sent) 502 N. West Avenue Levelland, TX 79336					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1150 Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 1	Twp. 16-S	Rge. 35-E	Is gas actually connected? Yes	When? 9/08/92

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 7/17/92	Date Compl. Ready to Prod. 9/08/92		Total Depth 11,800'		P.B.T.D. 11,751'			
Elevations (DF, RKB, RT, GR, etc.) 3980.7' GR, 3997' KB	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,424'		Tubing Depth 11,375'			
Perforations 11,424 - 11,548'					Depth Casing Shoe 11,800'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		408'		440			
11"	8 5/8"		4,740'		475			
7 7/8"	5 1/2"		11,800'		800			
5 1/2" csg.	2 7/8"		11,375'		---			

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 9/08/92	Date of Test 9/09/92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 1750#	Casing Pressure 0#	Choke Size 14/64"
Actual Prod. During Test 520	Oil - Bbls. 520	Water - Bbls. 0	Gas- MCF 1081.6

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.

William R. Crow
Signature
William R. Crow
Printed Name
9/11/92
Date
Exploration Manager
Title
(915) 683-1765
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **SEP 14 '92**
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT 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.

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SEP 14 1992
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