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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

I. Operator Charles B. Gillespie, Jr. Well API No. 30-025-32184
Address P.O. Box 8 Midland, Texas 79702
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hamilton Federal Well No. 3 Pool Name, Including Formation West Lovington Strawn Kind of Lease State, Federal or Fee Lease No. NM-04411
Location Unit Letter K : 1880 Feet From The South Line and 2080 Feet From The West Line
Section 33 Township 15-S Range 35-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Amoco Pipeline Company 502 N. West Ave. Levelland, TX 79336
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Company P.O. Box 1150, Midland, TX 79702
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 33 Twp. 15-S Rge. 35-E Is gas actually connected? YES When? 11/2/93

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
<u>X</u>	<u>X</u>							
Date Spudded <u>8/17/93</u>	Date Compl. Ready to Prod. <u>11/3/93</u>		Total Depth <u>11,870</u>		P.B.T.D. <u>11761</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3982.9 GR</u>	Name of Producing Formation <u>Strawn</u>		Top Oil/Gas Pay <u>11,556</u>		Tubing Depth <u>11,468</u>			
Perforations <u>11,556 - 11,600</u>					Depth Casing Shoe <u>11,834</u>			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>390</u>	<u>525</u>
<u>11"</u>	<u>8 5/8"</u>	<u>4721</u>	<u>1580</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>11,834</u>	<u>738</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 11-3-93 Date of Test 11-3-93 Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test 24 hours Tubing Pressure 1100 Casing Pressure PKR Choke Size 20/64
Actual Prod. During Test Oil - Bbls. 484 Water - Bbls. Gas- MCF 958

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.
Kevin Widner
Signature Kevin Widner Production Manager
Printed Name 11-9-93 Title
Date (915) 683-1765 Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 19 1993
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.