

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

DISTRIBUTION			
SALE	TA	FE	
FILE			
G.S.			
D OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

**CONFIDENTIAL**

**I. OPERATOR**

Operator: Cleveland Energy Corporation

Address: 6720-B Candelaria N.E., Albuquerque, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of	<input type="checkbox"/>	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Cleveland-Pedco State</u>	Well No. <u>1</u>	Pool Name, if different <u>Bone Springs</u>	Kind of Lease <u>Oil and Gas</u>	State, Federal or Fee <u>State</u>	Lease No. <u>LG 605</u>
Location					
Unit Letter <u>I</u>	<u>660</u>	Feet From The	<u>2000</u>	Feet From The	<u>South</u>
Line of Section <u>16</u>	Township <u>1</u>	Range <u>2</u>	County <u>Lea</u>		

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil or Condensate <u>Navajo Crude Oil Purchasing Company</u>	(Give address to which approved copy of this form is to be sent) <u>P. O. Box 175, Artesia, N.M. 88210</u>					
Name of Authorized Transporter of Casinghead Gas or Dry Gas <u>El Paso Natural Gas Company</u>	(Give address to which approved copy of this form is to be sent) <u>Box 1642, El Paso, Texas 79778</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>16</u>	Twp. <u>19S</u>	Range <u>32E</u>	Actually connected? <u>No</u>	When <u>11/15/74</u>

**IV. COMPLETION DATA**

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)	Oil Well	Gas Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>X</u>		<u>X</u>					
Date Spudded <u>7/25/74</u>	Date Compl. Ready to Prod. <u>9/7/74</u>	Depth <u>11,000</u>	P.B.T.D. <u>10,080</u>	Elevations (DF, RKB, RT, GR, etc.) <u>617 SL</u>	Name of Producing Formation <u>Bone Springs</u>	Gas Pay <u>9884</u>	Tubing Depth <u>9851</u>
Perforations <u>9884-9886</u>	Depth Casing Shoe <u>10,845</u>						

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH, SET	SACKS CEMENT
<u>17-1/2</u>	<u>12-7/8</u>	<u>74.00</u>	<u>450</u> sxs, 2-1/2" bel, 2-1/2" class
<u>11</u>	<u>8-5/8</u>	<u>4137.15</u>	<u>440</u> sxs, Class II
<u>7-7/8</u>	<u>5-1/2</u>	<u>10,845.00</u>	<u>260</u> sxs, 50-50 per.
	<u>2-7/8</u>	<u>9,651.00</u>	

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

(Test must be at least 10% of total volume of load oil and must be equal to or exceed top allowable for this depth for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Gas-MCF

**GAS WELL**

Actual Prod. Test-MCF/D <u>426</u>	Length of Test <u>4 hrs.</u>	Gravity of Condensate <u>52</u>
Testing Method (pitot, back pr.) <u>Back Pr.</u>	Tubing Pressure (shut-in) <u>Packer</u>	Choke Size <u>12/64-2/164</u>

**VI. CERTIFICATE OF COMPLIANCE**

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.

J. C. Johnson (Signature)  
Agent  
11/12/74 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

Joe D. [Signature]  
Commissioner

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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