

Authorization to Transport Oil and Natural Gas

LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator General Operating Company		
Address 711 Commerce Building, Fort Worth, Texas 76102		
Reason(s) for filing (Check proper box)	New	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Connection <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>3/1/76</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Federal <u>CL2</u>	Well No. 1	Pool Name, including Formation Watkins Grayburg	Kind of Lease State, Federal or Fee Federal	Lease No. NM 23006
Location				
Unit Letter 0	660	Feet From The South	Line and 2310	Feet From The East
Line of Section 31	Township 18S	Range 32E	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"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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 0	Sec. 31
	Twp. 18S	Rge. 32E
	Is gas actually connected? No	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 9-19-75	Date Compl. Ready to Prod. 11-19-75	Total Depth 4265' RKB Driller	P.B.T.D. 4260' RKB					
Elevations (DF, RKB, RT, GR, etc.) 3670' GR 3680' RKB	Name of Producing Formation Grayburg	Top Oil/Gas Pay 4236' RKB	Tubing Depth SN @ 4220' RKB					
Perforations 4240'-42' RKB, Grayburg - Compensated Density Log			Depth Casing Shoe 4265' RKB					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
11"	8-5/8" OD	525' RKB		300 sacks				
7-7/8"	4-1/2" OD	4265' RKB		500 sacks				
4"	2-3/8" OD	SN @ 4220' RKB		None				

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 Tanks 11-21-75	Date of Test 12-6-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure Pumping	Casing Pressure 20 psi	Choke Size None
Actual Prod. During Test 50 BF	Oil - Bbls. 15	Water - Bbls. 35	Gas - MCF 4 (Estimated)

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

C. W. Sundhoff

(Signature)

Partner

(Title)

January 16, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Jerry Sexton

TITLE SUPERVISOR

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.