| i ne | GTATE OF NEW MEXICO | OIL CONSERVA P. O. BO SANTA FE, NEW | K 2088 | Form C-104 Revised 10-1-78 |
|---|--|--|--|--|
| | FILE | | | |
| 1. | PROMATION OFFICE Company | | | |
| | Address $r_{1} = r_{1} + r_{2} + r_{3} + r_{4} + r_{4$ | | | |
| | Reason(s) for filing (Check proper box) New Well Recompletion | Change in Transporter of: CSE Dry Cas Casinghead Gas Condens | FL SEED A | M EXCEPTION TO R-4070 |
| | If change of ownership give name | THIS WELL HAS BEEN DI | | |
| | If change of ownership give name THIS WELL HAS BEEN PLACED IN THE POOL and address of previous owner DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. | | | |
| 11. | DESCRIPTION OF WELL AND I | EASE Vell No. Pool Name, Including Fo | | |
| | Gallagher "8" State | 3 North Vacuum | (Abo) 8-6-85 State, Fede | erol or Foo State E-1085 |
| | Location Unit Letter 0 : 66 | O Feet From The South Line | and Feet From | m TheEast |
| | | mship 17S Range | 34Е , ммрм, | Lea County |
| | | FR OF OIL AND NATURAL GA | 5 | |
| II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | |
| | Conoco, Inc. Name of Authorized Transporter of Cas NA | | P.O. Box 2587, Hobbs, NM. Address (Give address to which approved copy of this form is to be sent) is gas actually connected? | |
| | If well produces oil or liquids, give location of tanks. | Unii Sec. Twp. Rge. 0 8 175 34E | la das derdanty component | |
| | If this production is commingled wit | | give commingling order number: | |
| . V | COMPLETION DATA Designate Type of Completion - (X) | | New Well Workover Deepen | Plug Bacz Same Res'v. Diff. Res'v |
| | Designate Type of Completie | Date Campl. Ready to Prod. | Total Depth | P.B.T.D. |
| | 9/23/76 | 5/28/85 Name of Producing Formation | 13,535' | 9462 ' Tubing Depth |
| | Elevations (DF, RKB, RT, GR, etc.) 4095.51 GR | Abo | 8,846' | 9045 ¹ Depth Casing Shoe |
| | Deviewations |)0-08', 8918-20', 8936-44 | . 8956-60', 8974-84' | 13,535' |
| | 8846-60', 8874-94', 890 | TUBING, CASING, AND | CEMENTING RECORD | |
| | HOLESIZE | CASING & TUBING SIZE | DEPTH SET | 400 |
| | 17 1/2" | <u>13 3/8"</u> 8 5/8" | <u> </u> | 2100 |
| | <u> </u> | 5 1/2" | 13,535 | 1000 |
| | | | | |
| TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this denth or be for full 24 hours) OIL WELL [Producing Method (Flow, pump, gas lift, etc.)] | | | | |
| | Date First New Cil Run To Tanks | Date of Test | Pumping | |
| | 5/28/85 | 6/4/85 | Casing Pressure | Choke Size |
| | 24 hrs. | NA | 30 | NA Gas-MCF |
| | Actual Prod. During Test | он-вы. 38 | 75 | TSTM |
| | | | | |
| | GAS WELL | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shat-in) | Caeing Pressure (Shut-in) | Choke Sixe |
| | ACTIVITY OF COMPLIAN |) | | ATION DIVISION |
| 1 | 1. CERTIFICATE OF COMPLIANCE | | APPROVED JUN 1 0 1985 19 | |
| | I hereby certify that the rules and a Division have been complied with | and that the inicipation Liter | BYORIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 SUPERVISOR | |
| | bivision have been complete with above is true and complete to the | best of my knowledge and belief. | | |
| | | | | |
| | David W. Stevens (Signaliwa) Drilling & Production Engineer | | This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow | |
| | | | | |
| | | | | |
| | Drilling & Production | (le) | will name and tecompleted wells. Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip- conditions. | |
| | June_5, 1985(De | ule) | | |

RECEIVED 3011 - 6 1985 HUM-6

.