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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

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

Operator Nomer J. Kyle	
Address Box 387, Lovington, NM 88260	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) GAS MUST NOT BE PLACED IN POOL 11/1/78 UNLESS A EXCEPTION TO R-4076 IS OBTAINED.	

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

R-5976

II. DESCRIPTION OF WELL AND LEASE

Lease Name Llano Federal	Well No. 1	Pool Name, Including Formation Indesignated	Kind of Lease State, Federal or Fee Federal	Lease No. NM23007
Location				
Unit Letter K	310	Feet From The South	Line and 2310	Feet From The West
Line of Section 5	Township 19S	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) Box 175, Artesia, NM 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 K	Sec. 6
	Twp. 19S	Rge. 32E
	Is gas actually connected? no - TSTM	
	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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2/11/77	Date Compl. Ready to Prod. 6/29/78	Total Depth 4393'		P.B.T.D. 3800'					
Elevations (DF, K&B, RT, GR, etc.) 3669 GL	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 3039'		Tubing Depth				
Perforations 2970-74, 2930-36, 2912-16, 3121-26, 3092-98, 3553-55, 3598-98, 3601-3		3700-04, 4126-32, 4242-48		Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 11 1/2"	CASING & TUBING SIZE 8 5/8" 24# K-55 new		DEPTH SET 1023'		SACKS CEMENT 400 sz w/ 2% CaCl Circ.				
7 7/8"	4 1/2" 10 3/8# K-55 new		4393'		450 sz w/ .5 of 1% CFR-2				
					10# sand/sz 8#/salt sz				
					Circulated				

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 4/12/77	Date of Test 8/31/78	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 15	Oil-Bbls. 6	Water-Bbls. 9	Gas-MCF TSTM

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. 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.

Nomer J. Kyle
(Signature)
Operator
(Title)
September 1, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 5 1978**, 19____
BY **[Signature]**
TITLE **SUPERVISOR DISTRICT**

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 Form C-104 must be filed for each pool in multiple completed wells.