NO. OF COPIES NEC	IVED		
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SANTA FE			
FILE			
U.\$.G. \$.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OFFICE			

- NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Ol Elloctivo 1-1-	'd C-104 and C-11 65			
	U.S.G.S.	AUTHORIZATION TO TR	AND TROPERS	NATHDAL /					
	LAND OFFICE	AUTHORIZATION TO TR	AND ON OR AND	MATORAL	3 ~3				
	TRANSPORTER OIL			•					
,	GAS								
	PROPATION OFFICE	4							
1.	Oberator								
	Energy Reserves Gro	oup, Inc.							
	Address	W. I. T	10702						
	P.O. Drawer 2437 Reason(s) for filing (Check proper box		9702 Other (Plea	se explain)					
	New Well	Change in Transporter of:							
	Recompletion	CII DIY G	25						
	Change in Ownership	Casinghead Gas Conde	ensale [
	If change of ownership give name								
	and address of previous owner								
11.	DESCRIPTION OF WELL AND	LEASE		Kind of Leas					
	Lease Name	Well No. Pool Name, including I		State, Federa		Lease No.			
	Amoco State	Buckeye Abo	· · · · · · · · · · · · · · · · · · ·		state	J_L-905_			
	[-	O Feet From The North Li	ne and 660	Feet From	The West				
	OIM Letter								
	Line of Section 10 To-	waship 18-5 Range	35-E , NMF	ъм, Lea		County			
3 3 3	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G.	AS						
***	Name of Authorized Transporter of Oil	or Condensate	Address (Give addres	s to which appro	ved copy of this form is	to be sent)			
	Amoco Truck		P.O. Box 59	91, Tulsa,	OK 74102 ved copy of this form is	to be senti			
	Name of Authorized Transporter of Ca		}						
	Phillips Petroleum (Unit Sec. Twp. P.ge.	is gas actually conne	cied? Wh	<u>Bartlesville,</u> en	NV 14004			
	If well produces oil or liquids, give location of tanks.	M 1 3 185 35E	Yes		7/11/79				
	If this production is commingled wi	th that from any other lease or pool,	, give commingling ord	ler numb e r:					
	COMPLETION DATA	Cil Well Gos Well	New Well Workover		Plug Back Same Res	s'v. Diff. Res'v.			
	Designate Type of Completion		Y :	1					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
	3-23-79	5-30-79	9309 1 Top 0!!/Gas Pay		9070 ' Tubing Depth				
	Elevations (DF, RAB, RT, CR, etc., 3918.5 GR	Name of Producing Formation	8861'		90551				
	Perforations	Abo Detrital	Depth		Depth Casing Shoe	th Casing Shoe			
	9073' - 9082' ε 9046' - 9060' ε 8988' - 9022', 2 Jet Shots/ft 9309'								
		TUBING, CASING, AN	D CEMENTING RECO		SACKS CEA	MENT			
	17 1/2"	CASING & TUBING SIZE	378'		375				
	17 172	8 5/8"	3620'			450			
	7 7/8"	4 1/2"	9309'		1000	1000			
	4 1/2"	2 3/8"	90561	1 (1) - (1	and much an also con-	exceed top allow-			
V.	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 allowable for this depth or be for full 24 hours)								
	Date First New Cli Bun To Tanks	Date of Teet	Producing Method (F)	ow, pump, gas li	ft, etc.)				
	5-23-79	5-31-79 Tubing Pressure	Pumping Costng Pressure		Choke Site				
	Longth of Trot 24 Hrs.	Pumping	900 psi		open				
	Actual Fied, During Test	Cil-Bble.	Water - Bole.		Gas-MCF				
	208	208	14		164.4				
•	CACHELL								
	Actual Pros. Teel-MCF/D	Length of Test	Bile. Condensate/MW	CF	Gravity of Conderecte				
			Casing Fressure (Shr	· - (n)	Choke Site				
	Testing Method (pirot, back pr.)	Tubing Freesure (Shut-im)	Casing Freesure (Bir	111,	0				
	OUDTICATE OF COURTAIN	L	011	CONSERVA	ATION COMMISSIO	N			
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.			1111 30	19 79	10			
			11 /	APPROVED 10 10 19 19					
			BY	MI	Miller				
			TITLE SUPE	SUPERVISOR DISTRICT)					
			This form is	to be filed in	compliance with RUL	E 1104.			
	Jack Calcole	If this is a re	quest for allow	wable for a newly drill	ed or deepened of the deviation				
	(5:181)	Jack Calcote	well, this form mu	 well in acco 	rdence with RULE 11	••			

(Title)

July 25, 1979 (Date)

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.