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Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources D

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

ment

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	O TRAI	NSP(ORT OIL	AND NA	TURAL G	AS	Vall A	DI No.				
Operator SEELY OIL COMPANY		Mett				30-025-27432							
Address													
815 W. 10th St., Fo	rt Worth	Tx.	7610)2			<u> </u>						
Reason(s) for Filing (Check proper box)		-			Ou	nes (Please exp	laur)						
New Well	Oil	hange in	Dry Ga										
Recompletion Change in Operator	Casinghead		Conden										
CHAIRE IN OPERAGE	 -				077	771 - 1- 1 A	D-11-		7626	.7			
ad address of previous operator Gen	eral Ope	rating	P.	0. Bo	x 877,	Wichita	Falls	Le T	X. /630	1/			
I. DESCRIPTION OF WELL	L AND LEAS	SE									·		
Lease Name		Well No. Pool Name, Including							Kind of Lease No. State, Federal or Fee T 6200				
Rhodes State		1 E-K Yates S				Seven Rivers Queen			State L-6309				
Location		_		-	. 1-					7.7 a a b			
Unit Letter M	:660	<u> </u>	Feat Fr	om The $\frac{S}{1}$	outh Li	e and660		_ Fee	From The	west	Line		
Section 9 Towns	18S		Range	34E	. N	IMPM,	I	.ea			County		
Section - Towns	nih		110000	·············									
III. DESIGNATION OF TRA				D NATU	RAL GAS				6.1				
Name of Authorized Transporter of Oil	\triangle	or Condens			1	ve address to w				OFM IS 10 DE S	ent)		
JM Petroleum Corpor					2500 Allianz Financial Lock Box #185 2323 Bry Address (Give address to which approved)				an, pa	llas, T	75201		
Name of Authorized Transporter of Cas	inghead Gas	لـــا	or Dity	· · ·	Address (U	WE GOLD ELS TO H	чиси арр		opy of Inca /	W/M & 10 04 3	,		
If well produces oil or liquids,	l Unit	Sec.	Twp.	Rge.	ls gas actua	ily connected?		Vhen 1					
give location of tanks.		i		i	No	·							
If this production is commingled with th	at from any other	r lease or p	pool, giv	ve commingl	ing order nur	ober:							
IV. COMPLETION DATA						_,							
Designate Type of Completion	on - (X)	Oii Weii	- (Gas Well	New Wall	Workover	Dee) 200	Plug Back	Same Resiv	Diff Resiv		
Date Spudded	Date Compi	. Ready to	Prod		Total Depth		1	4	P.B.T D.	<u> </u>			
Date Spanne		,			· .								
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ne of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
									Depth Casing Shoe				
Perforations									Depui Casi	if 200a			
		IRING	CASI	NG AND	CEMENT	ING RECO	RD						
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
TIOLE OILE													
					ļ								
V. TEST DATA AND REQU	ECT FOR A	HOW	ADIE	<u></u>	<u> </u>								
OIL WELL (Test must be after	es recovery of tot	al volume	of load	oil and musi	be equal to o	or exceed top a	llowable j	or this	depth or be	for full 24 ho	wrs.)		
OIL WELL (Test must be after recovery of total volume of load oil and must be first New Oil Rus To Tank Due of Test						Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure				Choke Size			
		Oil - Bbls.							Gas- MCF				
Actual Prod. During Test	Oil - Bbls.					Water - Bbis.							
CAS HELT					4				L				
GAS WELL Actual Prod. Test - MCF/D	Leagth of	Cost			Bhis Cond	eassu/MMCF	· · · · · · ·		Gravity of	Condensate			
	and the same of th												
Tesung Method (pilot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
					ــــــــ			-	L				
VI. OPERATOR CERTIF	ICATE OF	COMI	PLIA	NCE		OIL CO	NICE		ATION	DIVISI	ΩN		
I hereby certify that the rules and n					11	OIL OU	ハソンピ	17 V /		_	4		
Division have been complied with is true and complete to the best of		-	/en abov	75	_		فمس		\$ F	100	ye iji		
α					Da	te Approv	/ed						
Smidt M	ndage	2_				- H	- دند						
Signature					By SECTION SUPERVISOR								
David L. Henderson		etr.							SUPERVI	OR			
Printed Name 10/23/91	8	17/33	2-13	77	Titl	e							
Drie 10/52/21			ephone					•					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.