

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
C. W. StumhofferAddress
Suite 1007 Ridglea Bank Building, Fort Worth, Texas 76116

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Walker Federal	Well No. 1	Pool Name, Including Formation Queracho Plains Queen (Associated) On	Kind of Lease State, Federal or Fee Federal	Lease No. NM 404
Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>18S</u> Range <u>32E</u> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Not Connected	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 <u>D</u> Sec. <u>26</u> Twp. <u>18S</u> Rge. <u>32E</u>	Is gas actually connected? <u>No</u> When <u>---</u>

If this production is commingled with that from any other lease or pool, give commingling order number: -----

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. <input type="checkbox"/>
Date Spudded 12/28/82	Date Compl. Ready to Prod. 1/29/83	Total Depth 4725' KB		P.B.T.D. 4632' KB				
Elevations (DF, RKB, RT, CR, etc.) 3764' GR, 3774' KB	Name of Producing Formation Upper Queen Sand	Top Oil/Gas Pay 3914'		Tubing Depth 3974' KB				
Perforations 3914'- 47' KB overall				Depth Casing Shoe 4725' KB				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4" and 11"	8-5/8" OD	1182' KB	550
7-7/8"	5-1/2" OD	4725' KB	500
5"	2-3/8" OD	3974' KB	None

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 of well for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1/29/83	Date of Test 1/31/83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure 20 psi	Casing Pressure 20 psi	Choke Size None
Actual Prod. During Test 93 BF	Oil-Bbls. 93	Water-Bbls. Trace	Gas-MCF 73

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

C. W. Stumhoffer

(Signature)

OPERATOR

(Title)

January 31, 1983

(Date)

OIL CONSERVATION DIVISION
FEB 7 1983

APPROVED _____ 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, name or number, or transporter, or other such change of conditions.

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