

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Marshall & Winston, Inc.	
Address 310 West, #10 Desta Drive, Midland, Texas 79705	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well	A request to state (as indicated) for the purpose of the state's interest in the oil and gas resources of the state. <i>Bxm</i>
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

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-8214 5/1-80*

II. DESCRIPTION OF WELL AND LEASE *Undesignated Querecho*

Lease Name Querecho Federal	Well No. 1	Pool Name, Including Formation Plains, Upper Bone Springs	Kind of Lease State, Federal or Fee	Lease No. NM-17007
Location				
Unit Letter <i>M</i> : <i>610</i> Feet From The <i>South</i> Line and <i>760</i> Feet From The <i>West</i>				
Line of Section <i>23</i> Township <i>18 South</i> Range <i>32 East</i> , NMPM, <i>Lea</i> 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"/> Koch Service, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, TX 76024					
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 M	Sec. 23	Twp. 18S	Rge. 32E	Is gas actually connected? No	When Tentative

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Clarence R. Chandler
(Signature)
Vice President
(Title)
2/18/86
(Date)

OIL CONSERVATION DIVISION

APPROVED *FEB 24 1986*, 19
BY *Eddie W. Sany*
TITLE *Oil & Gas Inspector*

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
12/31/85	2/15/86		9580'			8743'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
KB = 3780.8'	Bone Spring		8320'			8314'			
Perforations						Depth Casing Shoe			
8414-16', 8419-24', 8428-30', 8435-37', 8441-47'						8565'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEM		NT	
17-1/2"	13-3/8"		354'			385			
11"	8-5/8"		3047'			1475			
7-7/8"	5-1/2"		8565'			1250'			

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 Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2/15/86	2/17/86	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	115	0	8/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	118	40	66

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

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