

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
REGENCY PETROLEUM COMPANY OF NEW MEXICO

Address
300 E. CARPENTER FRWY., SUITE 1445 IRVING, TX 75062

Reason(s) for filing (Check proper box) Other (Please explain)

☒ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate

2599ac

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name DAVIS	Well No. #1	Pool Name, including Formation EAST HOBBS BLINEBRY	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>0</u> : <u>350</u> Feet From The <u>EAST</u> Line and <u>920</u> Feet From The <u>SOUTH</u> Line of Section <u>29</u> Township <u>18 South</u> Range <u>39 East</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

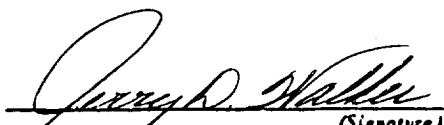
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> CONOCO, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587 Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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 4	Sec. 29
	Twp. 18S	Rge. 39E
Is gas actually connected?	When	

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

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.


(Signature)
PRESIDENT
3-19-86 (Title)
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 27 1986, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/18/85	Date Compl. Ready to Prod. 2/27/86		Total Depth 6448'		P.B.T.D. 6448'				
Elevations (DF, RKB, RT, CR, etc.), 3586 GR	Name of Producing Formation BLINEBRY		Top Oil/Gas Pay 6376'		Tubing Depth 6380'				
Perforations 2-376 6-1/8						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8" J-55		1871'		10 Lite, 250 Class C				
7-7/8"	4-1/2" J-55		6440'		50 Lite, 500 50-50PCZ				

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 02-28-86	Date of Test 02-28-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 HOURS	Tubing Pressure 20#	Casing Pressure 20#	Choke Size NONE
Actual Prod. During Test 115	Oil - Bbls. 115	Water - Bbls. NONE	Gas - MCF 85

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