STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION		
BANYA FE		
FILE		
U.8.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION 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

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

REDUEST FOR ALLOWABLE

II. DESCRIPTION OF WELL AND LEASE Lease Name EK -A-, 8701 JV-P 1 EK (Bone Springs) State, Federal or Fee Federal NM51842 Location Unit Letter H 2103 Feet From The North Line and 575 Feet From The East Line of Section 25 Township 18-S Range 33-F NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil C or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Orders (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Orders (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Orders (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Orders (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Orders (Give address to which approved copy of this form is	700000000000000000000000000000000000000	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
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Change in Ownership Change in Transporter of: Other (Pieces expiral)	1				
New Well Change in Transporter of: Dry Gas Condensate Conden		Other (Please explain)			
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EK -A-, 8701 JV-P 1	II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, including F	ormation Kind of Lease No.			
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() (eats taxen on the watt in accordance with while 111).	(Signature)	If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
Regulatory Supervisor All sections of this form must be filled out completely for allow able on new and recompleted wells.	Regulatory Supervisor (Tule)	All sections of this form must be filled out completely for allow			
5/13/87 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		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			

Danismana Tura of Completi	Oil Well Gas Wel	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Designate Type of Completi		X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
3-21-87	5-9-87	10,505'	9,980'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3,891' GR 3,905' RKB	Bone Springs	9,448'	9,470	
Perforations			Depth Casing Shoe	
9,448' - 9,478'			10,505'	
	TUBING, CASING, A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
17-1/2"	13-3/8"	406'	450 - Circ.	
11"	8-5/8"	3700'	1600 - Circ.	
7-7/8"	5-1/2"	10505'	1700 - Circ.	
	2-7/8"	9470'		
V. TEST DATA AND REQUEST OIL WELL Date First New Oil Bun To Tanks	FOR ALLOWABLE (Test must be able for this	e after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas	oil and must be equal to or exceed top allow	
5-10-87	5-12-87			
Length of Test	Tubing Pressure	Pump Casing Pressure Choke Size		
24 hrs.				
Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas-MCF	
	88	44	35	
	.1			
GAS WELL				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	

IV. COMPLETION DATA

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