

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
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OIL CONSERVATION DIVISION
P. O. BOX 2086
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, TX 79705		
Reason(s) for filing (Check proper box)		Other
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Casinghead Gas MUST NOT BE FLARED AFTER 8-7-86 UNLESS AN EXCEPTION TO RULE IS OBTAINED.
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE Querecho

Lease Name Querecho Federal	Well No. 2	Pool Name, including Formation UNRES. Plains, Upper Bone Springs	Kind of Lease State Federal State	Lease No. 17807
Location Unit Letter <u>17</u> : 760 Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>23</u> Township <u>18 S</u> Range <u>32 E</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"/> 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"/> Phillips 66 Natural Gas Co. EFFECTIVE: February 1, 1990 GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) HS&L Bldg., Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 23
	Twp. 18S	Rge. 32E
	Is gas actually connected? <input type="checkbox"/> No <input type="checkbox"/> 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.

Tom M. Brandt
(Signature)

Engineer
(Title)

6-10-86
(Date)

OIL CONSERVATION DIVISION
APPROVED JUN 13 1986, 19____
BY Eddie W. Seay
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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-6-85	Date Compl. Ready to Prod. 6-5-86		Total Depth 9100'		P.B.T.D. 8661'				
Elevations (DF, RKB, RT, GR, etc.) 3770' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8459'		Tubing Depth 8283'				
Perforations 8459-8472', 8493-8502', 8509-8516', 8523-8526'						Depth Casing Shoe 8703'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		374'		385				
11"	8-5/8"		3010'		1300				
7-7/8"	5-1/2"		8703'		1000				

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 6-7-86	Date of Test 6-9-86	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 95	Casing Pressure 0	Choke Size 24/64
Actual Prod. During Test	Oil - Bbls. 238	Water - Bbls. 23	Gas - MCF 184

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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