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| FILE                   |            |
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| LAND OFFICE            |            |
| TRANSPORTER            | OIL<br>GAS |
| OPERATOR               |            |
| PRODUCTION OFFICE      |            |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
Supersedes OIL C-101 and C  
Effective 1-1-65

|                                                     |                                         |                                                                                                               |  |
|-----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------|--|
| Operator<br>C. E. LaRue and B. N. Muncy, Jr.        |                                         |                                                                                                               |  |
| Address<br>P. O. Box 470, Artesia, New Mexico 88210 |                                         |                                                                                                               |  |
| Reason(s) for filing (Check proper box)             |                                         | Other (Approver to file casinghead gas from this well must be obtained from the Minerals Management Service.) |  |
| New Well <input type="checkbox"/>                   | Change in Transporter of:               |                                                                                                               |  |
| Recompletion <input checked="" type="checkbox"/>    | Oil <input type="checkbox"/>            | Dry Gas <input type="checkbox"/>                                                                              |  |
| Change in Ownership <input type="checkbox"/>        | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/>                                                                           |  |

If change of ownership give name and address of previous owner

|                                                                                                                         |               |                                                  |                                                 |
|-------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------|-------------------------------------------------|
| DESCRIPTION OF WELL AND LEASE                                                                                           |               |                                                  |                                                 |
| Lease Name<br>Walker Federal                                                                                            | Well No.<br>2 | Pool Name, including Formation<br>Pearsall Queen | Kind of Lease<br>State, Federal or Free Federal |
|                                                                                                                         |               |                                                  | Lease No.<br>NM40450                            |
| Location<br>Unit Letter <u>E</u> ; <u>1954</u> Feet From The <u>North</u> Line and <u>527</u> Feet From The <u>West</u> |               |                                                  |                                                 |
| Line of Section <u>5</u> Township <u>18 S</u> Range <u>32 E</u> , N.M.P.M., <u>Lea</u> County                           |               |                                                  |                                                 |

|                                                                                                                  |           |           |                                                                          |             |                                  |      |
|------------------------------------------------------------------------------------------------------------------|-----------|-----------|--------------------------------------------------------------------------|-------------|----------------------------------|------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS                                                                |           |           |                                                                          |             |                                  |      |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> |           |           | Address (Give address to which approved copy of this form is to be sent) |             |                                  |      |
| Navajo Refining Company                                                                                          |           |           | P.O. Box 159 ARTESIA, N.M. 88210                                         |             |                                  |      |
| 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<br>E | Sec.<br>5 | Twp.<br>18S                                                              | Rge.<br>32E | Is gas actually connected?<br>No | When |

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 type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input checked="" type="checkbox"/> | Plug Back <input type="checkbox"/> | Stake Res'v. <input type="checkbox"/> | Partial Res'v. <input type="checkbox"/> |
| Date Spudded<br>1/1/84                            | Date Compl. Ready to Prod.<br>1/19/84 |                                              | Total Depth<br>5008'              |                                   | P.B.T.D.<br>5002'                 |                                            |                                    |                                       |                                         |
| Elevations (D.F., RKB, RT, GR, etc.)<br>3854.6 GL | Name of Producing Formation<br>Queen  |                                              | Top Oil/Gas Pay<br>3672'          |                                   | Testing Depth<br>3700'            |                                            |                                    |                                       |                                         |
| Perforations<br>3672' - 3710'                     |                                       |                                              |                                   |                                   | Depth Casing Shoe<br>5002'        |                                            |                                    |                                       |                                         |

|                                      |                      |           |                       |
|--------------------------------------|----------------------|-----------|-----------------------|
| TUBING, CASING, AND CEMENTING RECORD |                      |           |                       |
| HOLE SIZE                            | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT          |
| Unknown 6/18/40                      | 8 5/8"               | 990'      | 50 sacks              |
| 7 7/8"                               | 5 1/2"               | 5002'     | 1525 sacks circulated |
|                                      |                      |           |                       |

|                                                                                                                                                                                             |                         |                                                           |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|----------------------|
| TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of total 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<br>1/20/84                                                                                                                                                  | Date of Test<br>1/25/84 | Producing Method (Flow, pump, gas lift, etc.)<br>Swabbing |                      |
| Length of Test<br>24 hours                                                                                                                                                                  | Tubing Pressure<br>-0-  | Casing Pressure<br>-0-                                    | Choke Size<br>2 3/8" |
| Actual Prod. During Test                                                                                                                                                                    | Oil-Bbls.<br>10         | Water-Bbls.<br>20                                         | Gua-MCF<br>TSTM      |

|                                 |                           |                           |                       |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL                        |                           |                           |                       |
| Actual Prod. Test-MCF/D         | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Testing Method (flow, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

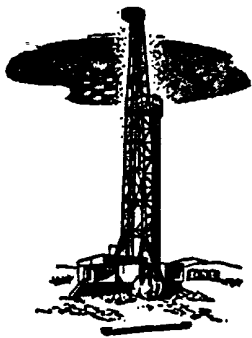
|                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| CERTIFICATE OF COMPLIANCE                                                                                                                                                                                    |  | OIL CONSERVATION COMMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |  | APPROVED <u>FEB 10 1984</u> , 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                              |  | Eddie W. Seay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|                                                                                                                                                                                                              |  | Oil & Gas Inspector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Operator<br><u>(Signature)</u><br>Operator<br><u>(Title)</u><br>January 27, 1984<br><u>(Date)</u>                                                                                                            |  | TITLE<br>This form is to be filed in compliance with RULE 1104.<br>If this be a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the 67th tests taken on the well in accordance with RULE 111.<br>All portions of this form must be filled out completely for allowable on new wells completed wells.<br>Fill out only Sections I, II, III, and VI for change of owner well name or number, or transporter, or other such change of conditions. |  |

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

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JAN 30 1984



**LaRue Drilling Co., Inc. — Oil Well Drilling Contractors**

P. O. BOX ~~302~~ 470 ARTESIA, NEW MEXICO 88210

January 18, 1984

LaRue & Muncy  
PO Box 470  
Artesia, NM 88210

Re: Walker Federal #2  
1980' FNL & 660' FWL  
Sec. 5, T18S, R32E  
Lea County, New Mexico

Gentlemen:

The following is a Deviation Survey for the above captioned well which was re-entered at 4332'.

| DEPTH | DEVIATION        |
|-------|------------------|
| 4332' | 3/4 <sup>0</sup> |
| 4827' | 3/4 <sup>0</sup> |
| 5003' | 1 <sup>0</sup>   |

Very truly yours,

B. N. Muncy Jr.  
Secretary

STATE OF NEW MEXICO  
COUNTY OF EDDY

Ø  
Ø

The foregoing was acknowledged before me this 18th day of January, 1984.

