

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
T. H. McElvain Oil & Gas Properties

Address
P. O. Box 2148, Santa Fe, New Mexico 87504-2148

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Gashead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)

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 5-1-86

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "AC" St.	Well No. 1	Pool Name, including Formation South Shoe Bar Atoka	Kind of Lease State, Federal or Fee	State Lea	Lease No. V-1520
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>22</u> Township <u>17S</u> Range <u>35E</u> , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1150, Midland, TX 79702
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>22</u> Twp. <u>17S</u> Rge. <u>35E</u>	Is gas actually connected? <u>Yes</u> When <u>03-04-86</u>

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.

[Signature]
(Signature)
Manager
(Title)
03-06-86
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 21 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion – (X)		Oil Well	Gas Well X	New Well	Workover X	Deepen	Plug Back	Same Res'v.	Diff. Res'v. X
Date Spudded 11-04-85	Date Compl. Ready to Prod. 01-04-86		Total Depth 13,871		P.B.T.D. 12,080				
Elevations (DF, RKB, RT, GR, etc., 3926 GR	Name of Producing Formation Atoka sd.		Top Oil/Gas Pay 11,996		Tubing Depth 11,919				
Perforations 11,996 – 12,006 4 SPF					Depth Casing Shoe 12,180				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	454	450 sks
12 1/4	9 5/8	4,589	2200 sks
8 3/4	7 5/8	12,101	1100 sks
6 1/2	5 1/2	0 - 12,180	500 sks

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 for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 4,334	Length of Test 4 hrs.	Bbls. Condensate/MMCF 4.9	Gravity of Condensate 52.5 @ 60°
Testing Method (pilot, back pr.) Back pr.	Tubing Pressure (Shut-in) 4,134	Casing Pressure (Shut-in) Pkr.	Choke Size 13/64th

RECEIVED
MAR 7 - 1986
C.C.D.
HOBBS OFFICE