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U.S.G.S.

LAND OFFICE

TRANSPORTER OIL / GAS

OPERATOR

PRORATION OFFICE

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator: **D. V. St. Clair**

Address: **501 First Nat'l Bank Bldg., Midland, Texas**

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

New Well: X
Change in Transporter of: Oil — Dry Gas — Casinghead Gas — Condensate — Transporter
Recompletion
Change in Ownership

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

UNDESIGNATED

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Superior-Federal	**7**	**Pearl Queen**	State, Federal or Fee **Federal**

Unit Letter	Feet From The	Line and	Feet From The
G	**1980'**	**North**	**1980'** **East**

Line of Section	Township	Range	NMPM,	County
25	**-19-S**	**- 34-E**		**Lea**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate — Address (Give address to which approved copy of this form is to be sent)

Shell Pipeline Corp. — **P.O. Box 1910 Midland, Texas**

Name of Authorized Transporter of Casinghead Gas X or Dry Gas — Address (Give address to which approved copy of this form is to be sent)

Phillips Petroleum Co. — **Phillips Bldg., Odessa, Texas**

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	**25**	**19**	**34**	**Yes**	**4-19-65**

If this production is commingled with that from any other lease or pool, give commingling order number: **-**

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		**X**					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-30-67	**4-18-67**	**5154**	**5122**

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Pearl Queen	**Queen Sand**	**4778**	**5065**

Perforations	Depth Casing Shoe
4778,4789,4821,4833,4941,5010,5017,&5060	**5142**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	**8 5/8" 24#**	**273**	**125Sks-Circulated**
7 7/8"	**5 1/2" 15.50#**	**5142**	**270 Sks. 50-50Posmix**
5 1/2"	**2 3/8" 4.7#**	**5065**	**Top of cement 2950'**

V. TEST DATA AND REQUEST FOR ALLOWABLE (OIL WELL)

(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 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
4-25-67	**9-29-67**	**Pump**

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	**-**	**30#**	**2"**

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
23	**6**	**17**	**7**

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

George Van Husen
(Signature)

Agent
(Title)

10-2-67
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 Sections I, II, III, and VI only 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.