NC	GTATE OF NEW MEXICO HGY AND MIGHTALS DEPARTMENT			Form C-104 Revised 10-1-78
1	РІ.Е	REQUEST FO A AUTHORIZATION TO TRANS	R ALLOWABLE ND PORT OIL AND NATURAL GAS	OCT 2 0 1981
•••	Wallen Production Co. Address			
	P.O. Box 19 Reason(s) for filing (Check proper box New Well X Recompletion Change in Ownership		Diher (Please explain)	
	If change of ownership give name and address of previous owner		,	
I.	DESCRIPTION OF WELL AND Legise Name Mallen TONTO Localion Unit Letter L ; 170	Well No. Pool Name, Including F	tes & 7 Rivers ^{State} , (24)	NM073240
			33 Е , ммрм, Lea	County
1.	DESIGNATION OF TRANSPOR None of Authorized Transporter of Cill Texas New Mexico P: Name of Authorized Transporter of Cas	ipeline	P.O. Box 2528 Ho	roved copy of this form is to be sent) bbs, New Mexico 88240 roved copy of this form is to be sent)
	Conoco Inc.	Unit Sec. Twp. Rge. N 30 19S 33E	P.O. Box 2197 Hou Is gas actually connected? Yes (lease is)	h'hen
۷.	give location of tanks. If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
	Designate Type of Completio		New Well Workover Deepen X Total Depth	Plug Back Same Restv. Diff. Restv.
•	Date Spudded 7/8/81 Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod.	3088'	3088 '
•	GR 3585'	Yates Sand	2830'	3040' Depth Casing Shoe
	2984' - 3064' 3088' 3088'			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	153"	<u>13 3/8''</u> 10 3/4''	<u>110'</u> 511'	430 Sxs Class "C" Mudded in
	<u>123''</u> 10''	8 5/8''	813'	Mudded in
	8"	7"	2850'	1000 sxs Lo Dense &
7 .	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	epch or be for full 24 hours)	il and must be equal to or exceed top allow
i	Date First New Oil Run To Tanks	Date of Test	Producing Mothod (Flow, pump, gas Pumping	
	10/2 0/ 1981	10/21/1981 Tubing Pressure	Casing Pressure	(shut in)
	Length of Test 24 hrs	58#	58#	
	Actual Prod. During Test	Oil-Bbia.	Water - Bbls.	Gas-MCE
	39 BFPD	39 BOPD		9750 Dec Arrichern
[GAS WELL Actual Frod. Tost-MCF/D	Length of Test	Bbla. Condensate/AMCF	Gravity of Condensate
	Teeling Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Choke Size
1. 1	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Walter W. Krug Walter Krug (Signature) Engineer 10/22/8/ (Dute)			APPROVED Orig. Signed by BY Jerry Sexton TITLE Dist 1, Surge. This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended 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 allow- able on new and recompleted wells. Fill out only Sections 1. 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	