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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		Ī	
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
BRODATION OFFICE		T	

NEW MEXICO OIL CONSERVATION COM HON

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Old C-104 and C-11 Effective 1-1-65		
	FILE	-	AND		Ellective 1-1-02		
	U.S.G.S.	ATURAL GAS					
	LAND OFFICE	-					
	TRANSPORTER GAS	-					
	OPERATOR	-					
	PRORATION OFFICE	-					
1.	Operator						
	Petroleum Corporation	of Texas					
Address							
	Box 911, Breckenridge,	Texas 76024					
	Reason(s) for filing (Check proper bo	x)	Other (Please e	xplain)	,		
	New Well X	Change in Transporter of:	Approva	lito flare casina	head gas from"		
	Recompletion	Oil Dry Go	this well	must be obtain	nead gas right		
	Change in Ownership	Casinghead Gas Conde	nsote Minerals	Management §	Service		
	If change of ownership give name						
	and address of previous owner		<u></u>	····			
IJ.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Cormation K	ind of Lease	Lease No.		
	Federal O	1 1	ins June (11100) 5				
	Location	1 Querecho 11a	1115 ALLENGUEDE		rederal p4371-A		
	0 66	0 Feet From The south Lir	. 1650		east		
	Unit Letter ; 00	Feet From The Botter Lir	ne and	Feet From The			
	Line of Section 22	waship 18 S Range	32 E , NMPM,		Lea County		
	Line of Section 10	, who make the state of the sta	,				
ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS				
	Name of Authorized Transporter of Ol	1 X or Condensate	Address (Give address to		y of this form is to be sent)		
	Texas New Mexico Pipel		Box 2528, Hobbs	, New Mexico	88240		
	Name of Authorized Transporter of Co	nsinghead Gas 💢 💮 or Dry Gas 🦳	Address (Give address to which approved copy of this form is to be sent)		y of this form is to be sent)		
	Phillips Petroleum Com	pany	Box 2130, Hobbs	·	88240		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected	? When			
	give location of tanks.	22 18S 32E	No	<u></u>			
	If this production is commingled w	ith that from any other lease or pool,	give commingling order r	iumber:	·		
IV.	COMPLETION DATA				Back Come Books Diff Books		
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover	Deepen Plug	Back Same Res'v. Diff. Res'v.		
		Date Compl. Ready to Prod.	X Total Depth	P.B.	r D		
	Date Spudded 12-18-82	1-12-83	4302'	1.2.			
	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubir	Tubing Depth		
	3754.9' GR	Queen Sand	3872'		Tubing Depth 4843 3843		
	Perforations	Queen band	30.2	Depth	Casing Shoe		
	4110-4138'; 3872-3908' (1 spf)						
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
	17½"	13-3/8"	20'	4 y	ds ready mix		
	11"	8-5/8"	1202'	600	sx		
	7-7/8"	5-1/2"	4201'	775	sx.		
				<u></u>			
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 allow						
	OII. WELL able for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)				
	1-20-83	2-4-83 Tubing Pressure	Flowin Casing Pressure		Choke Size		
	Length of Test	· ·	0		32/64"		
	24 hours Actual Prod. During Test	42 psi	Water - Bbls.	Gas -			
	Actual Prod. During 1 est	205	' 10		365		
		203	10	<u></u>	303		
	CACWELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravi	ty of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-1	n) Chok	• Size		
VI	CERTIFICATE OF COMPLIAN	CE	OIL CO	NSERVATION	COMMISSION		
₹ 1.	CERTIFICATE OF COMPETAN		11				
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	<u> </u>	, 19		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			ORIGINAL SIGNED BY EDDIE SEAY TITLE OIL & GAS INSPECTOR				
	$-\mathcal{A}(u)_{0}$	0 //	This form is to b	e filed in complis	ance with RULE 1104.		
		11 11	الله الله الله الله الله الله الله الله				

Assisstant Production Manager (Title)

February 7, 1983

(Date)

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 allow able 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

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HOBBS OFFICE