DISTRIBUTION SANTA FE				
FILE	DISTRIBUTION			
J.S.G.S.				
AND OFFICE				
RANSPORTER	iL ]			
	AS			
PERATOR				
PRORATION OFFICE				
perator				

Production Clerk

March P1,1983

(Title)

(Date)

## NEW MEXICO OIL CONSERVATION CO SSION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TR	AND			
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
	OIL					
	TRANSPORTER GAS					
	OPERATOR	7				
1.	PRORATION OFFICE	<u> </u>				
	Operator Petroleum Corporation of Texas					
	Address P. O. Box 911, Breckenridge, Texas 76024					
	Reason(s) for filing (Check proper bo	×)	Other (Please explain)			
	New Well XX	Change in Transporter of:				
	Recompletion	OII Dry Go	<b>=</b> 1			
	Change in Ownership	Casinghead Gas Conde	nsate			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND LEASE					
	Lease Name	Well No. Pool Name, Including F	l l	1		
	Federal J	1 Querecho	Plains QA State, Feder	alor Fee Federal 04868		
	Unit Letter 2 ; 2	180 Feet From The south Lir	ne and 1980 Feet From	The east		
	Line of Section 22 To	wnship 18–S Range	32-E , NMPM,	Lea County		
			-			
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)		
	Tesoro Crude Oil		8700 Tesoro Drive			
	Name of Authorized Transporter of Co		Address (Give address to which appro			
	Phillips Petroleu	m Company	Box 2130, Hobbs,			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 22 18S 32E	Is gas actually connected? Will Yes	3-10-83		
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	<b>.</b>		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v		
	Designate Type of Completi		X September 1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	2-13-83	3-5-83	4300'	4180'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	3762.9' GR	Queen Sand	3868'	3850 1 Depth Casing Shoe		
	Perforations	681-30031		Depth Cusing Shoe		
	4112'-4136'; 3868'-3903' TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12-1/4"	8-5/8"	1204'	650		
	7-7/8"	5-1/2"	4298'	950		
		2-3/8"	3850'			
			<u> </u>			
	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 be for full 24 hours)					
	OII. WELL  Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	3-6-83	1 3-9-83	Flowing			
	Length of Test	3-9-83 Tubing Pressure	Casing Pressure	Choke Size		
	24 hrs	195.	-0-	32/64"		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF		
		230	30	280		
1	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Float Test Motive					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size		
v	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	ATION COMMISSION		
¥ I.	CERTIFICATE OF COMPLIAN		] [			
	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.		1111111	<u>5 1983                                    </u>		
			II ORIGINAL AGENTS TO SEXTON			
	above is true and complete to th	e best of my knowledge and belief.	BYDISTRICT	SUPERVISOR		
	·		TITLE			
	$\mathcal{Y}_{1}$			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 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 conditions. Separate Forms C-104 must be filed for each pool in multiply

RECEIVED

MAR 1 4 1983

C.C.D. HOBBS OFFICE