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NEW MEXICO	
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-114
Effective 1-1-65

I.

Operator Petroleum Corporation of Texas		
Address Box 911, Breckenridge, Texas 76024		
Reason(s) for filing (Check proper box)		CASINGHEAD GAS MUST NOT BE FLARED AFTER 5/21/83 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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. (7-1-83)

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal Q	Well No. 3	Pool Name, Including Formation Querecho Plains (QA) R-7307	Kind of Lease State, Federal or Fee Federal	Lease No. NM04371-A
Location Unit Letter <u>N</u> ; <u>330</u> Feet From The <u>south</u> Line and <u>2310</u> Feet From The <u>west</u> Line of Section <u>22</u> Township <u>18-S</u> Range <u>32-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Tesoro Crude Oil Company	Address (Give address to which approved copy of this form is to be sent) 8700 Tesoro Drive, San Antonio, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 2130, Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit 22	Sec. 18S	Twp. 32E	Pge. 32E	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-5-83	Date Compl. Ready to Prod. 3-21-83		Total Depth 4300'		P.B.T.D. 4251'			
Elevations (DF, RKB, RT, GR, etc.) 3749' GR	Name of Producing Formation Queen Sand		Top Oil/Gas Pay 3870'		Tubing Depth 3860'			
Perforations 4117-4145'; 3872-3900'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1203'		700			
7-7/8"	5-1/2"		4295'		1300			
	2-3/8"		3860'					

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 full 24 hours)

Date First New Oil Run To Tanks 3-21-83	Date of Test 3-24-83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 120 psi	Casing Pressure 0	Choke Size 26/64"
Actual Prod. During Test	Oil-Bbls. 250 bbls.	Water-Bbls. 47'	Gas-MCF 274

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Ladear Ragland
(Signature)
Production Clerk
(Title)
3-25-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 5 1983, 19_____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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 multiply completed wells.

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APR 4 1983

O.C.D.
HOBBS OFFICE