

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

OFFICE OF OIL CONSERVATION	
DISTRICT OFFICE	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator
Discovery Operating, Inc.

Address
800 N. Marienfeld, Suite 100, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (If case explains)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Casinghead Gas MUST NOT BE
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	FLARED AFTER 9/1/83
		Dry Gas	<input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070
		Condensate	<input type="checkbox"/>	IS OBTAINED.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper	Well No. 1	Pool Name, including Formation Knowles (Devonian)	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter C	: 330'	Feet From The North	Line and 1680	Feet From The West
Line of Section 2	Township 17-S	Range 38-E	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"/> JM Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 2000 N. Tower Plaza of the Americas, LB #319 Dallas, TX 75201					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None at this time	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 2	Twp. 17-S	Rge. 38-E	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 March 24, 1983	Date Compl. Ready to Prod. July 2, 1983	Total Depth 12690'	P.B.T.D. 12494'					
Elevations (DF, RAB, RT, GR, etc.) GR - 3700'	Name of Producing Formation Devonian	Top Oil/Gas Pay 12339	Tubing Depth 12,230					
Perforations 12,341-12,413 (28 shots), 12,351-12399 (Reperf. 11 shots)			Depth Casing Shoe 12,525					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8	400'	450 sx Class C					
11"	8 5/8"	4800'	300 Class C, 1500 Lite					
7 7/8"	5 1/2"	12525'	175 sx Class H					
	2 7/8 (Tbg.)	12230						

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 June 20, 1983	Date of Test July 2, 1983	Producing Method (Flow, pump, gas lift, etc.) Swab Test	
Length of Test 24 hrs.	Tubing Pressure N/A	Casing Pressure 0	Choke Size N/A
Actual Prod. During Test	Oil-Bbls. 149	Water-Bbls. 117	Gas-MCF 32

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

John B. Sparks John B. Sparks
(Signature)
Vice President
(Title)
July 22, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 25 1983, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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 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 multiple completed wells.