

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-105
Effective 1-1-65

NAME OF COMPANY RECEIVING DISTRIBUTION	
NAME OF FIELD	
UNIT NO.	
LAND OFFICE	
TRANSPORTED	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

POE PROPERTIES, INC.

Address
P. O. Box 9769, Fort Worth, Texas 76102

Reason(s) for filing (check proper box)	Other (Please explain)
New Well ☒	Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Sprinkle Federal	1	Scharb - Bone Springs	State, Federal or Fee Federal	NM-24166
Location	Unit Letter	Feet From The	Line and	Feet From The
	H	2063	North	841 East
Line of Section	9	Township	19S	Range
			35E	NMFM, Lea County

TRANSPORTATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Big-Tex Crude Oil Co.	P. O. Box 5722, Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Co.	Bartlesville, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	9	19S	35E	No	Contract signed 7-28-83

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X			X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5-28-83	7-13-83	10,770'	10,463'					
Iterations (DF, RKE, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3825' G.L.	Bone Springs	9526'	9451'					
Iterations			Depth Casing Shoe					
9526' - 9604'			10,770'					

TUBING, CASING, AND CEMENTING RECORD

POLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	350'	350
11 "	8 5/8"	3775'	1700
7 7/8"	5 1/2"	10770'	650
--	2 7/8"	9451'	--

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Text 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)

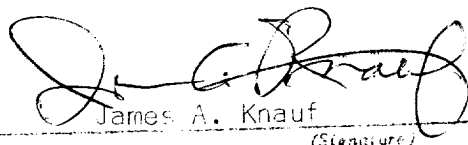
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
7-13-83	7-20-83	Flowing
Length of Test	Tubing Pressure	Casing Pressure
24 hours	100#	0
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
486 barrels	486	0
		Choke Size
		1/2"
		Gas-MCF
		365

GAS WELL

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

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.


James A. Knauf
(Signature)

Agent

7-28-83

(Date)

(Here)

OIL CONSERVATION COMMISSION
JUL 29 1983

APPROVED _____, 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 deep well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of com.

RECEIVED
JUL 28 1983
O.C.D.
HOBBS OFFICE