

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-78

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
DATE	
FILE	
U.S.O.B.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
PERATOR	
LOCATION OFFICE	
Operator	

CASA PETROLEUM, INC
Address

105 N. SIXTH STREET, ARTESIA, NEW MEXICO 88210
Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

REQUEST ALLOWABLE

Change of ownership give name
and address of previous owner

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 8/11/84
UNLESS AN EXCEPTION TO R-4970
IS OBTAINED.

DESCRIPTION OF WELL AND LEASE

Lease Name CASA STATE	Well No. 4	Pool Name, Including Formation VACUUM GRAYBURG/SAN ANDRES	Kind of Lease State, Federal or Free STATE	Lease No. E-8712
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Location
Unit Letter G : 2310' Feet From The NORTH Line and 2310' Feet From The EAST
Line of Section 28 Township 17S Range 34E, NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO CRUDE OIL PURCHASERS	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 175, ARTESIA, NM 88210
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) PRICE TOWER ANNEX, BARTLESVILLE, OK 74004
Is well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 28 17S 34E
Is gas actually connected?	When NO

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>		
Date Spudded 1/28/84	Date Compl. Ready to Prod. 1/22/84	Total Depth 5020	P.S.T.D. 5040
Deviations (DF, RKB, RT, CR, etc.) GL 4050	Name of Producing Formation GRAYBURG, PENROSE, SANANDRES	Top Oil/Gas Pay 4278	Tubing Depth 5000
Perforations 4278-84, 4303-08, 4397-4407, 4452-57, 4480-90, 4538-43, 4583-93, 4645-50, 4653-58	Depth Casing Shoe 5050		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8" 4 1/2"	DEPTH SET 820 5050	SACKS CEMENT 350 425
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TEST DATA AND REQUEST FOR ALLOWABLE
IL 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 1/28/84	Date of Test 4/11/84	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 Hour	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 145	Oil-Bble. 25	Water-Bble. 120	Gas-MCF 77

AS WELL

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


(Signature)

President
(Title)

4/11/84
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 22 1984, 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 multiply recompleted wells.

RECEIVED
JUN 21 1984
O.C.D.
HOBBS OFFICE