

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-110  
Effective 1-1-65

|                    |            |
|--------------------|------------|
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| FILE               |            |
| U.S.G.S.           |            |
| LAND OFFICE        |            |
| TRANSPORTER        | OIL<br>GAS |
| OPERATOR           |            |
| PRODUCTION OFFICE  |            |

Operator

POE PROPERTIES, INC.

Address

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

|   |                        |
|---|------------------------|
| Reason(s) for filing (Check proper box)   | Other (Please explain) |
| New Well <input checked="" type="checkbox"/>  |                        |
| Recompletion <input type="checkbox"/>   |                        |
| Change in Ownership <input type="checkbox"/>  |                        |
| Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                        |

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

|   |               |   |                          |                       |
|---|---------------|---|--------------------------|-----------------------|
| Lease Name<br>SPRINKLE FEDERAL  | Well No.<br>2 | Pool Name, including Formation<br>Scharb - Wolfcamp | Kind of Lease<br>Federal | Lease No.<br>NM-24166 |
| Location<br>Unit Letter A : 660 Feet From The North Line and 330 Feet From The East<br>Line of Section 9 Township 19S Range 35E, 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"/><br>Navajo Refining Company            | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 159, Artesia, NM 88210 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Phillips Petroleum Company | Address (Give address to which approved copy of this form is to be sent)<br>Bartlesville, Oklahoma 74004     |
| If well produces oil or liquids,<br>give location of tanks.  | Unit A Sec. 9 Twp. 19S Rge. 35E<br>Is gas actually connected? yes When 2-20-84                               |

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't. <input type="checkbox"/> Diff. Res't. <input type="checkbox"/> |                           |                             |
| Date Spudded<br>12-15-83                         | Date Compl. Ready to Prod.<br>2-6-84  | Total Depth<br>10750'     | P.B.T.D.<br>10705'          |
| Elevations (DF, RKB, RT, GR, etc.)<br>3865' G.L. | Name of Producing Formation<br>Wolfcamp   | Top Oil/Gas Pay<br>10544' | Tubing Depth<br>10546'      |
| Perforations<br>10544 - 10560'                   |   |                           | Depth Casing Shoe<br>10750' |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 17 1/2"   | 13 3/8"              | 346'      | 400          |
| 11 "      | 8 5/8"               | 3480'     | 1700         |
| 7 7/8"    | 5 1/2"               | 10750'    | 700          |
| --        | 2 7/8"               | 10546'    | --           |

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<br>2-6-84 | Date of Test<br>2-9/10-84 | Producing Method (Flow, pump, gas lift, etc.)<br>Pump |                   |
| Length of Test<br>24 hrs.                 | Tubing Pressure<br>---    | Casing Pressure<br>---                                | Choke Size<br>--- |
| Actual Prod. During Test<br>184           | Oil-Bbls.<br>184          | Water-Bbls.<br>4 (Drig. fluid)                        | Gas-MCF<br>168    |

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            |

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

(Title)

2-23-84

(Date)

OIL CONSERVATION COMMISSION

FEB 29 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Eddie W. Seay

TITLE Oil & Gas Inspector

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 downhole 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 conditions.