

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-101 and O-1,
Effective 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

Operator C. E. LaRue and B. N. Muncy, Jr.

Address P. O. Box 470, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Approval to wire casinghead gas from this well must be obtained from the Minerals Management Service.	
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 _____

DESCRIPTION OF WELL AND LEASE			
Lease Name <u>WALKER FEDERAL</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Pearsall Queen</u>	Kind of Lease State, Federal or Fee <u>Federal</u>
Lease No. <u>NM-40450</u>			
Location			
Unit Letter <u>L</u>	<u>1980</u>	Feet From The <u>South</u>	Line and <u>660</u> Feet From The <u>West</u>
Line of Section <u>5</u>	Township <u>18-S</u>	Range <u>32-E</u>	N.M.P.M., <u>Lea</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<u>Navajo Refining Company</u>	<u>P. O. Box 175, Artesia, New Mexico 88210</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<u>Conoco, Inc.</u>	<u>Ponca City, Oklahoma 74601</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>5</u>	Twp. <u>18S</u>
			Rge. <u>32E</u>
	Is gas actually connected?		When
	<u>No</u>		

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 Reaty. <input type="checkbox"/>
Date Spudded <u>April 24, 1984</u>	Date Compl. Ready to Prod. <u>July 11, 1984</u>	Total Depth <u>5000'</u>		P.B.T.D. <u>4200'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3842' GL</u>	Name of Producing Formation <u>Queen</u>	Top Oil/Gas Pay <u>3672'</u>		Tubing Depth <u>3670'</u>			
Perforations <u>3672' - 3712'</u>						Depth Casing Shoe <u>5000'</u>	

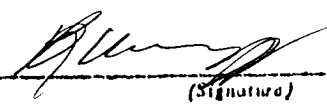
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>1030'</u>	<u>525 sacks circulated</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>5000'</u>	<u>850 sacks circulated</u>

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 allow able for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks <u>July 11, 1984</u>	Date of Test <u>July 15, 1984</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>-0-</u>	Casing Pressure <u>100#</u>	Choke Size <u>2"</u>
Actual Prod. During Test	Oil-Bbls. <u>80</u>	Water-Bbls. <u>-0-</u>	Gas-MCF <u>40</u>

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, 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.


(Signature)
Operator
(Title)
July 16, 1984
(Date)

OIL CONSERVATION COMMISSION
JUL 18 1984

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the available tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable or new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of condition.

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RECEIVED

JUL 17 1984

O.C.O.
HONOR OFFICE