STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: CARL A. SCHELLINGER

Address: P. O. Box 447, Roswell, NM 88201

Reason(s) for filing (Check proper box)

- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership
- Change in Transporter of: [ ] Oil [XX] Casinghead Gas [ ] Dry Gas [ ] Condensate
- Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

N-S

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Britz Federal	1	Tonto ~~Yates~~-Seven Rivers	State, Federal or Fee Federal	NM-56556

Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East

Line of Section 14 Township 19South Range 33East NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Navajo Refining Company
Address (Give address to which approved copy of this form is to be sent): P. O. Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: Conoco, Inc.
Address (Give address to which approved copy of this form is to be sent): P. O. Box 1959, Midland, Texas 79702

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	14	19S	33E	Yes	6-20-87

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

NOTE: *Complete Parts IV and V on reverse side if necessary.*

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 is true and complete to the best of my knowledge and belief.

(Signature)
Operator
(Title)
7-8-86
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 3 1987, 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 completed wells.

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-12-87	2-24-87	4950	--

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3690 GR, 3699 DF	Seven Rivers	3722	3720

Perforations: 3722,3724,3726,3728,3730,3732,3734,3736,3738,3740,3742 — Depth Casing Shoe:

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	8 5/8	1527'	700sx circ.
7 7/8"	5 1/2"	4950	400 sx
	2 3/8"	3720	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
2-15-87	2-18-87	Pump

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	-	280#	-

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	49	0	-

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

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